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Elizabeth A. Brown
Clerk of Supreme Court

IN THE SUPREME COURT OF THE STATE OF NEVADA

JEFFREY REED,)	Supreme Court Case No: 82575
)	District Court Case No.: 05D338668
Appellant,)	
v.)	
)	
ALECIA DRAPER (IND./CONSERV.),))	
)	
Respondent.)	
)	
)	
)	

**APPELLANT'S APPENDIX
VOLUME IX OF XVII**

**ROBERTS STOFFEL FAMILY LAW
GROUP**

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EXHIBIT 9

EXHIBIT 9

EXHIBIT 9

Social Security Administration
IMPORTANT INFORMATION

SOCIAL SECURITY
SUITE B
17075 NEWHOPE STREET
FOUNTAIN VALLEY, CA 92708
Date: 06/01/2015
Number: 604-94-3768

On 06/01/2015, we talked to you and completed your application to be representative payee for EMILY CHRISTINE REED. We stored your application information electronically in our records and provided you with a copy showing your statements.

WHAT YOU NEED TO DO

- o If you disagree with any of your statements, you should contact us within 10 days.
- o If any of the information changes, let us know as soon as possible.

IMPORTANT REMINDER

Penalty of Perjury

You declared under penalty of perjury that you examined all the information on the application and it is true and correct to the best of your knowledge. You were told that you could be held liable under law for providing false statements.

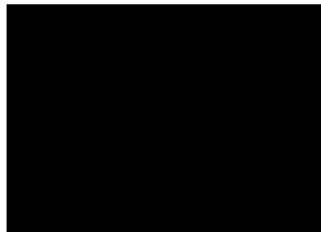
SUSPECT SOCIAL SECURITY FRAUD?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

IF YOU HAVE QUESTIONS

If you have any questions, you may call, write or visit any Social Security office. If you call or visit this office, please have this letter with you and ask for any rep. The telephone number where I can be reached is 877-304-1566. We can answer most questions over the phone. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly.

Manager



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REQUEST TO BE SELECTED AS PAYEE

I request that the Supplemental Security Income Benefits for EMILY CHRISTINE REED be paid to me as representative payee.

EMILY CHRISTINE REED needs a payee because she SHE HAS ANXIETY AND DEPRESSION. I would be the best payee for EMILY CHRISTINE REED because I am her relative. I will know about EMILY CHRISTINE REED's needs because she lives with me.

INFORMATION ABOUT THE PERSON FOR WHOM YOU ARE APPLYING

The following people show interest in EMILY CHRISTINE REED:

GEOFFREY DRAPER

STEP-FATHER

EMILY CHRISTINE REED does not owe me any money and I do not expect her to in the future.

EMILY CHRISTINE REED does not have a legal guardian.

INFORMATION ABOUT PAYEE APPLICANT

My name is ALECIA ANN DRAPER. My social security number is [REDACTED] I was born on [REDACTED]

I submitted CA DL [REDACTED] EXP [REDACTED], ISS [REDACTED] as my proof of identity.

I am the NATURAL OR ADOPTIVE MOTHER of EMILY CHRISTINE REED.

When I am away, GEOFFREY DRAPER, who is EMILY CHRISTINE REED's STEP-FATHER, takes care of her.

I have never been convicted of a felony.

I have never been imprisoned for more than one year.

I do not have an unsatisfied felony warrant.

My mailing address is [REDACTED]

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[REDACTED]

I have lived at this address since June 2012.

EMILY CHRISTINE REED lives with me.

My telephone number is [REDACTED]

ADDITIONAL REMARKS

I HAVE RECEIVED A BOOK ON BEING A REPRESENTATIVE PAYEE.

I/my organization:

- o Must use all payments made to me/my organization as the representative payee for the claimant's current needs or (if not currently needed) save them for his/her future needs.
- o May be held liable for repayment if I/my organization misuses the payments or if I/my organization am/is at fault for any overpayment of benefits.
- o May be punished under Federal law by fine, imprisonment or both if I/my organization am/is found guilty of misuse of Social Security or SSI benefits.

I/my organization will:

- o Use the payments for the claimant's current needs and save any currently unneeded benefits for future use.
- o File an accounting report on how the payments were used, and make all supporting records available for review if requested by the Social Security Administration.
- o Reimburse the amount of any loss suffered by any claimant due to misuse of Social Security or SSI funds by me/my organization.
- o Notify the Social Security Administration when the claimant dies, leaves my/my organization's custody or otherwise changes his/her living arrangements or he/she is no longer my/my organization's responsibility.
- o Comply with the conditions for reporting certain events (listed on the attached sheet(s) which I/my organization will keep for my/my organization's records) and for returning checks the claimant is not due.
- o File an annual report of earnings if required.
- o Notify the Social Security Administration as soon as I/my organization can no longer act as representative payee or the claimant no longer needs a payee.

I know that anyone who makes or causes to be made a false statement or representation of material fact relating to a payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment or both. I affirm that all information I have given in this document is true.

Signature

Alex A. Draper

Date

June 1, 2015

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YOU MUST NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF ANY OF THE FOLLOWING EVENTS OCCUR AND PROMPTLY RETURN ANY PAYMENT TO WHICH THE CLAIMANT IS NOT ENTITLED:

- o the claimant or any member of the claimant's household DIES (SSI eligibility ends with the month in which the claimant dies);
- o the claimant's HOUSEHOLD CHANGES (someone moves in/out of the place where the claimant lives);
- o the claimant LEAVES THE U.S. (the 50 states, the District of Columbia, and the Northern Mariana Islands) for 30 consecutive days or more;
- o the claimant MOVES or otherwise changes the place where he/she actually lives;
- o the claimant is ADMITTED TO A HOSPITAL, skilled nursing facility, nursing home, intermediate care facility, or other institution;
- o the INCOME of the CLAIMANT or anyone in the claimant's household CHANGES (this includes income paid by an organization or employer, as well as monetary benefits from other sources);
- o the RESOURCES of the claimant or anyone in the claimant's household CHANGES;
- o the claimant or anyone in the claimant's household MARRIES;
- o the marriage of the claimant or anyone in the claimant's household ends in DIVORCE or ANNULMENT;
- o the claimant SEPARATES from his/her spouse.
- o the claimant is CONFINED TO JAIL, PRISON, PENAL INSTITUTION OR CORRECTIONAL FACILITY;
- o the claimant is CONFINED TO A PUBLIC INSTITUTION by court order in connection with a crime.
- o the claimant has an UNSATISFIED FELONY WARRANT (or in jurisdictions that do not define crimes as felonies, a crime punishable by death or imprisonment exceeding 1 year) issued for his/her arrest;
- o the claimant is VIOLATING a condition of probation or parole under State or Federal law;

IF THE CLAIMANT IS RECEIVING PAYMENTS DUE TO DISABILITY OR BLINDNESS OR VISUAL IMPAIRMENT,

YOU MUST ALSO REPORT IF:

- o the claimant's MEDICAL CONDITION IMPROVES;
- o the claimant GOES TO WORK;
- o the claimant's VISION IMPROVES, if the claimant is entitled due to blindness or visual impairment;

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In addition to these events about the claimant, you must also notify us if:

- o YOU change your address;
- o YOU are convicted of a felony or any offense under State or Federal law which results in imprisonment for more than 1 year;
- o YOU have an UNSATISFIED FELONY WARRANT (or in jurisdictions that do not define crimes as felonies, a crime punishable by death or imprisonment exceeding 1 year) issued for your arrest.

PAYMENT MAY STOP IF ANY OF THE ABOVE EVENTS OCCUR. You should read the informational booklet we will send you to see how these events affect benefits. You may make your reports by telephone, mail or in person.

REMEMBER:

- o payments must be used for the claimant's current needs or saved if not currently needed. (Savings are considered resources and may affect the claimant's eligibility to payment.);
- o you may be held liable for repayment of any payments not used for the claimant's needs or of any overpayment that occurred due to your fault;
- o you must account for benefits when so asked by the Social Security Administration. You will keep records of how benefits were spent so you can provide us with a correct accounting;
- o to let us know as soon as you know you are unable to continue as representative payee or the claimant no longer needs a payee;
- o you will be asked to help in periodically redetermining the claimant's eligibility for payment. You will need to keep evidence to help us with the redetermination (e.g. evidence of income and living arrangements).
- o You may be required to obtain medical treatment for the claimant's disabling condition if he/she is eligible under the childhood disability provision.

Keep in mind that payments may be deposited directly into an account set up for the claimant with you as payee. As soon as you set up such an account, contact us for more information about receiving the claimant's payments using direct deposit.

THE PRIVACY AND PAPERWORK REDUCTION ACTS

We are required by section 205(j) and 205(a) of the Social Security Act to ask you to give us the information on this form. This information is needed to determine if you are qualified to serve as representative payee. Although responses to these questions are voluntary, you will not be named representative payee unless you give us the answers to these questions.

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Sometimes the law requires us to give out the facts on this form without your consent. We must release this information to another person or government agency if Federal law requires that we do so or to do the research and audits needed to administer or improve our representative payee program.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by Federal government. The law allows us to do this even if you do not agree to it.

These and other reasons why information about you may be used or given out are explained in the Federal Register. If you want to learn more about this, contact any Social Security office.

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 877-304-1566. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
SUITE B
17075 NEWHOPE STREET
FOUNTAIN VALLEY, CA 92708

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

SSA OFFICE A78

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RECIPIENT: [REDACTED] EMILY CHRISTINE REED

EMILY CHRISTINE REED
[REDACTED]

REVIEW STATEMENT SUMMARY FOR SUPPLEMENTAL SECURITY INCOME

The following information is provided to support this application for Supplemental Security Income.

What You Need To Do

- o Review this summary to ensure we recorded your statements correctly.
- o If you agree with all your statements, you should keep this summary for your records.
- o If you disagree with any of your statements, you should contact us within 10 days after receiving this summary to let us know.

o IDENTIFICATION

The claimant's name is EMILY CHRISTINE REED. Her social security number is [REDACTED]

She is not blind.

She is disabled. Her disability began on March 18, 2014.

She was disabled prior to age 22.

She never was married.

o FUGITIVE FELON AND PAROLE OR PROBATION VIOLATION INFORMATION

The following statements describe EMILY CHRISTINE REED's fugitive felon/parole or probation violator status as of June 1, 2015.

She has not been accused or convicted of a felony or an attempt to commit a felony.

She is not on parole or probation under Federal or State law.

o LIVING ARRANGEMENTS

She has not been outside the United States for a calendar month or 30 consecutive days since June 1, 2015.

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RECIPIENT: [REDACTED] EMILY CHRISTINE REED

She has not spent a calendar month in a hospital, nursing home, correctional facility, or any type of institution since June 1, 2015.

The following statements describe EMILY CHRISTINE REED's living arrangements as of April 1, 2015.

She began living at [REDACTED] on June 1, 2012.

She lived in a house/apartment/mobile home/houseboat.

She did not get help or money from any person not living with her or any agency to pay for food, rent, mortgage payments, property insurance, property taxes, heating fuel, gas, electricity, garbage removal, water or sewerage.

The household consisted of the following people:

NAME	RELATIONSHIP	AGE OR BIRTHDATE	BLIND OR DISABLED	MARRIED	STUDENT
E REED	Claimant	[REDACTED]	Yes	No	Yes
A DRAPER	Mother	[REDACTED]	Yes	Yes	No
A REED	Other Relative	[REDACTED]	No	No	Yes
A REED	Other Relative	[REDACTED]	No	No	Yes

Not all of the people she lived with got public assistance.

ALECIA DRAPER rented the home where she lived. The rent was \$1,340.00 monthly.

No one in the household was a parent or child of either the landlord or his/her spouse.

She did not buy food separately from the other household members.

She did not eat all of her meals out.

She did not make payments toward the household expenses.

She did not receive any food or shelter from the people she lived with for which she has an agreement to repay.

She did not need help in personal care, hygiene or upkeep of a home.

She had adequate cooking and food storage facilities.

The following statements describe EMILY CHRISTINE REED's living arrangements as of July 2, 2015.

She began living at [REDACTED] on June 1, 2012.

She lives in a house/apartment/mobile home/houseboat.

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RECIPIENT: [REDACTED] EMILY CHRISTINE REED

She does not get help or money from any person not living with her or any agency to pay for food, rent, mortgage payments, property insurance, property taxes, heating fuel, gas, electricity, garbage removal, water or sewerage.

The household consists of the following people:

NAME	RELATIONSHIP	AGE OR BIRTHDATE	BLIND OR DISABLED	MARRIED	STUDENT
E REED	Claimant	[REDACTED]	Yes	No	Yes
A DRAPER	Mother	[REDACTED]	Yes	Yes	No
A REED	Other Relative	[REDACTED]	No	No	Yes
A REED	Other Relative	[REDACTED]	No	No	Yes

Not all of the people she lives with get public assistance.

ALECIA DRAPER rents the home where she lives. The rent is \$1,377.00 monthly.

No one in the household is a parent or child of either the landlord or his/her spouse.

She does not buy food separately from the other household members.

She does not eat all of her meals out.

She does not make payments toward the household expenses.

She is not receiving any food or shelter from the people she lives with for which she has an agreement to repay.

She does not need help in personal care, hygiene or upkeep of a home.

She has adequate cooking and food storage facilities.

There have not been any other changes in her living arrangements.

She does not expect these arrangements to change.

o RESOURCES

This report of resources is valid for any and all SSI claims in which she is involved.

She owns the following from June 1, 2015 to continuing:

Checking account:

Financial institution name: [REDACTED]

Value: \$60.00 From: June 2015 To: September 2015

Value: \$60.00 From: October 2015 To: continuing

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RECIPIENT: [REDACTED] EMILY CHRISTINE REED

She does not own any other type of resource.

o INCOME

This report of income is valid for any and all SSI claims in which she is involved.

She receives or expects to receive the following income from June 1, 2015 to continuing:

Social Security:

Amount \$0.00

From: June 2015 To: June 2015

Voluntary child support:

Amount \$241.66

From: June 2015 To: June 2015

Source name: Jeffrey Reed

Contact: unknown

Phone: unknown

She does not receive any other type of income.

o MEDICAID

She may be eligible for Medicaid. However, she must help her State identify other sources that may pay for medical care. Also, she must give information to help the State get medical support for any child(ren) who are her legal responsibility. This includes information to help the State determine who a child's father is.

If she wants Medicaid, she must agree to allow her State to seek payments from sources, such as insurance companies, that are available to pay for her medical care. This includes payments for medical care for her or any person who receives Medicaid and is her legal responsibility. The State cannot provide her Medicaid if she does not agree to this Medicaid requirement. If she needs further information, she may contact her Medicaid agency.

o MEDICAL ASSISTANCE

I agree that any payments from sources responsible for paying for medical care will go to the State if Medicaid already has paid for this care.

She has health insurance that pays towards the cost of her medical care.

PL 000231

ROA1503

RECIPIENT: [REDACTED] EMILY CHRISTINE REED

o PERMISSION TO CONTACT FINANCIAL INSTITUTIONS FOR EMILY CHRISTINE REED

We have asked you for permission to obtain, from any financial institution, any financial record about you that is held by the institution. We will ask financial institutions for this information whenever we think it is needed to decide if you are eligible or if you continue to be eligible for SSI benefits. Once authorized, our permission to contact financial institutions remains in effect until one of the following occurs: (1) you notify us in writing that you are canceling your permission, (2) your application for SSI is denied in a final decision, or (3) your eligibility for SSI terminates. If you do not give or cancel your permission you will not be eligible for SSI and we will deny your claim or stop your payments.

I give SSA permission to contact any financial institution and request any financial records that financial institution may have about me.

She would like any SSI payments due her to be deposited to her checking account.

IMPORTANT REMINDER

Penalty of Perjury

You declared under penalty of perjury that all the information on this summary is true and correct to the best of your knowledge. Anyone who knowingly gives a false or misleading statement about a material fact in an application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

IMPORTANT INFORMATION--PLEASE READ CAREFULLY

You must report any change within 10 days after the end of the month it occurs. If you don't, a penalty amount may be deducted from the claimant's benefit.

We will check your statements and compare our records with records from other State and Federal agencies, including the Internal Revenue Service, to make sure the claimant is paid the correct amount.

If you have a question or something to report, call 877-304-6994 Ext 15361 and ask for MRS. NGUYEN. If you call or visit our office, please have this summary with you. For general information about Social Security, visit our web site at www.socialsecurity.gov on the Internet.

You may visit or write to the Social Security Office at:

SOCIAL SECURITY
SUITE B
17075 NEWHOPE STREET
FOUNTAIN VALLEY CA 92708

We will process this application for Supplemental Security Income as quickly as possible. If you have trouble getting any information or records we have asked for, please contact us and we will help you.

PL 000232

ROA1504

RECIPIENT: [REDACTED] EMILY CHRISTINE REED

You should hear from us within 90 to 120 days after you have given us all the information we requested. Some claims may take longer if we need more information. If you do not get a payment or a letter by then, please get in touch with us.

HELPFUL HEALTH CARE WEBSITES

Health Information

The U.S. Department of Health and Human Services provides information on many health topics at www.healthfinder.gov on the Internet. You may wish to visit that site to review that information, which may be helpful to her.

Prescription Drug Assistance Programs

She may be able to get help paying for prescription drugs. To find out what programs are offered by drug companies, state and local governments, and local organizations, please visit www.healthfinder.gov/rxdrug on the Internet.

REPORTING RESPONSIBILITIES FOR SUPPLEMENTAL SECURITY INCOME

The amount of a Supplemental Security Income payment is based on the information told to us. You must tell Social Security every time there is a change while we process this application AND if you start receiving Supplemental Security Income.

Remember, a change may make the SSI monthly payment bigger or smaller. Report changes in income of your ineligible spouse who lives with you, or your sponsor or sponsor's spouse if you are an alien. You must also report changes in things of value that these people own. Report changes in income, school attendance and marital status of ineligible children who live with you.

You must tell us about any change within 10 days after the month it happens. If you do not report changes, we may have to take as much as \$25, \$50, or \$100 out of future payments.

HOW TO REPORT CHANGES FOR SUPPLEMENTAL SECURITY INCOME

You can make your reports by telephone at the telephone number shown or you may report in person or by mail at the address shown. Always give the Social Security number when writing or telephoning us. If you have any questions, we will be glad to help you. See "Changes to Report for Supplemental Security Income".

CHANGES TO REPORT FOR SUPPLEMENTAL SECURITY INCOME

WHERE SHE LIVES -- You must report to Social Security if:

- o She moves.
- o She (or her spouse) leaves her household for a calendar month or longer. For example, she enters a hospital or visits a relative.
- o She is no longer a legal resident of the United States.

PL 000233

ROA1505

RECIPIENT: [REDACTED] EMILY CHRISTINE REED

- o She leaves the United States for 30 days or more.
- o She is admitted to, for a calendar month or longer, or released from a hospital, nursing home, prison or other institution.

HOW SHE LIVES -- You must report to Social Security:

- o If someone moves into or out of her household.
- o If the amount of money she pays toward household expenses changes.
- o Births and deaths of any people with whom she lives.
- o Her marital status changes:
 - She gets married.
 - Her marriage ends in divorce or is annulled.
 - She separates from her spouse or starts living together again after a separation.
 - She begins living with someone as husband and wife.
 - Her spouse or former spouse dies.

INCOME -- You must report to Social Security if:

- o The amount of money (or checks or any other type of payment) she receives from someone or someplace goes up or down or she starts to receive money (or checks or any other type of payment).
- o She starts work or stops work.
- o Her earnings go up or down.
- o She becomes eligible for benefits other than SSI.

HELP SHE GETS FROM OTHERS -- You must report to Social Security if:

- o The amount of help (money, food or payment of household expenses) she receives goes up or down.
- o Someone stops helping her.
- o Someone starts helping her.

THINGS OF VALUE THAT SHE OWNS -- You must report to Social Security if:

- o The value of her resources goes over \$2,000 when you add them all together (\$3,000 if she is married and living with her spouse).
- o She sells or gives any things of value away.
- o She buys or is given anything of value.

PL 000234

ROA1506

RECIPIENT: [REDACTED] EMILY CHRISTINE REED

SHE IS BLIND OR DISABLED -- You must report to Social Security if:

- o Her condition improves or her doctor says she can return to work.
- o She goes to work.

SHE IS UNMARRIED AND UNDER AGE 22 -- A report to Social Security must be made if:

- o She is under age 18 and live with her parent(s): Ask her parents to report if they have a change in income, a change in their marriage, a change in the value of anything they own, or either has a change in residence. Also, she should report changes in the income, school attendance (if between ages 18 and 21) or marital status of ineligible children who live in the household.
- o She starts or stops school.
- o She gets married.

IF A WARRANT HAS BEEN ISSUED FOR HER ARREST -- You must report to Social Security if:

- o She has a felony warrant for her arrest.
- o She has a Federal or State warrant for a parole or probation violation.

PL 000235

ROA1507

RECIPIENT: [REDACTED] EMILY CHRISTINE REED

PRIVACY ACT STATEMENT

Collection and Use of Personal Information

Section 1631(e) of the Social Security Act, as amended, authorizes us to collect this information. The information you provide us will be used to enable the Social Security Administration to determine if you are eligible for Supplemental Security Income (SSI) payments.

The information you furnish on this form is voluntary. However, failure to provide the requested information may keep us from making an accurate and timely decision on your claim, which in turn may result in loss of some payments.

We rarely use the information you supply for any purpose other than for determining eligibility for SSI. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal Laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0103, Supplemental Security Income Record and Special Veterans Benefits, and also in System of Records Notice 60-0089, Claims Folder Systems. The Notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at your local Social Security office.

PL 000236

ROA1508

October 20, 2015, 11:33
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RECIPIENT: [REDACTED] EMILY CHRISTINE REED

Paperwork Reduction Act Statement

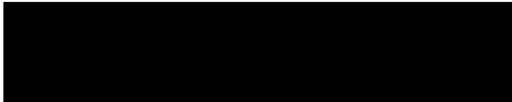
This information collection meets the requirements of 44 U.S.C. 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 40 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

PL 000237

ROA1509

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

SOCIAL SECURITY
17075 NEWHOPE STREET
SUITE B
FOUNTAIN VALLEY CA 92708
Date: February 18, 2016
Claim Number: [REDACTED]



EMILY CHRISTINE REED



Your current monthly Supplemental Security Income (SSI) payment is \$648.50 for March 2016. You will continue to get this amount each month unless there is a change in the information we use to figure your payment. This amount includes \$159.83 from the State of California.

We are changing the amount you were due for October 2015 through February 2016. Your amount changed because your situation changed.

We explain how we figured the monthly payment amount on the worksheet(s) at the end of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. We include explanations only for months where payment amounts change.

Your Payments Will Be Changed As Follows:

From	Through	Amount Due Each Month
October 1, 2015	October 31, 2015	\$645.07 This includes \$156.40 from the State of California.

When You Will Receive Your Payments

Your representative payee will receive your monthly payment of \$648.50 around March 1, 2016, and on the first of each month after that.

See Next Page

SSA-L8100

PL 000238

ROA1510

Information Used In Making The Decision

- The amount of SSI we pay depends on your living arrangements. Your living arrangements are where you live, with whom you live, and how your food and shelter expenses are paid. Based on the information we have, your Federal living arrangement is:

-- Category A for October 2015

Please see the enclosed "Fact Sheet on SSI Federal Living Arrangement Categories" for a description of this Federal living arrangement category and others.

- The amount of money we pay you from the State of California depends on the State's rules.

You were living independently with cooking facilities for October 2015.

- Based on the information we have, your State living arrangement is:

-- Category A for October 2015 for California

Please see the enclosed "Fact Sheet on SSI Living Arrangement Categories For the State of California" for a description of this State living arrangement category and others.

- We use income to figure your eligibility and payments. By law, we use different rules to count your income based on what kind of income you have and when you receive it. The enclosed fact sheet called "Income and SSI Payments" explains the most common rules.
- You had monthly income which must be considered in figuring your eligibility as follows:

The food or shelter you got from someone. We value the food or shelter at \$264.33 for October 2015.

Your Reporting Responsibilities

Your SSI payments may change if your situation changes. You are required to report any changes that may affect your SSI no later than 10 days after the month the change takes place.

Please call 1-800-772-1213 or contact your local Social Security office to report any of the following changes:

- You start or stop work, or your wages increase or decrease
- Your bank account balance goes over \$2,000.00
- You move
- Anyone else moves into or out of your household
- Someone in your household dies

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- You marry, separate, or divorce (including same-sex marriage)
- Income or resources change for you or members of your household
- Your medical condition improves
- You start or stop attending school regularly
- You leave the United States and expect to be gone for a full calendar month or for 30 consecutive days
- You are in a hospital, jail, or other institution for a full calendar month
- A felony warrant for flight or escape or a warrant for violating a condition of parole or probation is issued for your arrest

You Can Review The Information in Your Case

The decisions in this letter are based on the law and information in our records. You have a right to review and get copies of the information in our records that we used to make the decisions explained in this letter. You also have a right to review and copy the laws, regulations, and policy statements used in deciding your case. To do so, please contact us. Our telephone number and address are shown under the heading "If You Have Questions".

Things You Should Know

- We have made a new decision on your case. It replaces all earlier decisions for the above period.
- We are also sending this information to your representative payee.

If You Disagree

If you disagree with this decision, you have the right to appeal. A person who has not seen your case will look at it. We call this appeal a hearing. When you appeal, we review your entire case, even the parts with which you agree. We consider any new facts we have and then make a new decision. The new decision could be more favorable, less favorable, or the same as the one you already have.

Time To File An Appeal

- You have 60 days to request a hearing in writing.
- The 60 days start the day after you receive this letter. We assume you received this letter 5 days after the date on the letter.
- You must have a good reason for waiting more than 60 days to request a hearing.

SSA-L8100

PL 000240

ROA1512

How To Appeal

You can file an appeal with any Social Security office. You must request the appeal in writing. Please use our "Request for Hearing" form, HA-501-U5, which is available on our website at www.socialsecurity.gov on the Internet. You can also contact us by phone, by mail, or come into the office to obtain the form. If you need assistance, we can help you fill out the form.

How A Hearing Works

If you ask for a hearing, we will send your case to an Administrative Law Judge (ALJ). The ALJ will mail you a letter at least 20 days before the hearing to tell you the date, time, and place of the hearing. The letter will explain the law in your case and tell you what the ALJ has to decide. Since the ALJ will review all the facts in your case, it is important that you give us any new facts as soon as you can.

The hearing is your chance to tell the ALJ why you disagree with the decision in your case. You can give the ALJ new evidence and bring people to help explain your case. The ALJ also can require people to bring important papers to your hearing and give facts about your case. You can question these people at your hearing.

It Is Important To Go To The Hearing

We will ask if you want to go to the hearing in person. If you say you want to go, you should attend. If for any reason you can't go, please contact the ALJ as soon as possible before the hearing and explain why. The ALJ will reschedule the hearing if you have a good reason. If you do not come to the hearing after telling us you will be there, we may dismiss your appeal. You will not be able to appeal further. You should know that being there may help the ALJ decide your case.

If You Want Help With Your Appeal

You may choose to have a representative help you. We will work with this person just as we would work with you. If you decide to have a representative, you should find one quickly so that person can start preparing your case.

Many representatives charge a fee only if you receive benefits. Others may represent you for free. Usually, your representative may not charge a fee unless we approve it. Your local Social Security office can give you a list of groups that can help you find a representative.

If you get a representative, you or that person must notify us in writing. You may use our Form SSA-1696-U4 Appointment of Representative. Any local Social Security office can give you this form.

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Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

If you have any questions, please:

- Visit our website at www.socialsecurity.gov to find general information about SSI;
- Visit our website at www.socialsecurity.gov/SSIRules/ to find the law and regulations about SSI eligibility and payments;
- Call us toll-free at 1-800-772-1213 or call your local office at 877-304-6994. We can answer most questions over the phone. If you are deaf or hard of hearing, our toll-free TTY number is 1-800-325-0778; or
- Write or visit any Social Security office. If you plan to visit an office, you may call ahead to make an appointment. The office that serves your area is located at:

SOCIAL SECURITY
SUITE B
17075 NEWHOPE STREET
FOUNTAIN VALLEY CA 92708

Please have this letter with you if you call or visit an office. If you write, please include a copy of the first page of this letter. It will help us answer your questions. We are busiest early in the week and early in the month. If your business can wait, it is best to call or visit at other times.

Social Security Administration

Enclosure(s):

Fact Sheet on SSI Federal Living Arrangement Categories
Fact Sheet on SSI Living Arrangement Categories For the State of California
Income and SSI Payments - What You Need To Know
How We Figured Your Payment

SSA-L8100

PL 000242

ROA1514

**Fact Sheet on SSI
Federal Living Arrangement Categories**

Category Definition

A Living in Own Household -- You fit in this category if you are eligible for SSI and you meet one of the following conditions:

1. You live in your own household whether or not you receive help paying your food or housing costs.
2. You live in a foster care or family care situation.
3. You are homeless or have no permanent living arrangement.
4. You live in an institution for all or part of a month and Medicaid does not pay more than 50 percent of the cost of your care. You do not fit in this category if you are considered an inmate of a public institution such as a prison.
5. You live alone.
6. You live only with your child, spouse, or persons whose income is being used to compute the amount of your SSI payment.
7. You do not fit in categories B, C or D described below.

In Category "A" The Maximum Federal SSI Money Is Used To Compute Your SSI payment.

B Living in the Household of Another -- You fit in this category if you are eligible for SSI and you meet both of the following conditions:

1. You live in a household other than your own throughout a month with at least one other person who is not your child, your spouse or an ineligible person whose income is being used to compute the amount of your SSI payment.
2. And you receive food and housing from someone in that household.

In Category "B" The Federal SSI Money is Reduced By One-Third Because Another Person Helps Pay For Your Food And Housing Costs.

C Child Living in Parents' Household -- You fit in this category if you are eligible for SSI and you meet both of the following conditions:

1. You are under 18 years old.
2. You live in the same household as your parents.

In Category "C" The Maximum Federal SSI Money Is Used To Compute Your SSI payment.

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D Medicaid Facility - You fit in this category if you are eligible for SSI and meet both of the following conditions:

1. You live in a public or private medical institution throughout a month.
2. Medicaid is paying more than 50 percent of the cost of your care.

In Category "D" The Federal SSI Money Cannot Exceed \$30.

**Fact Sheet on SSI
Living Arrangement Categories
For the State of California**

Category	Definition
A	<p>Living Independently with Cooking Facilities -- You fit in this category if you are eligible for SSI and you meet one of the following conditions:</p> <ol style="list-style-type: none">1. You meet the definition for Federal Living Arrangement Category A and you have cooking and food storage facilities.2. You meet the definition for Federal Living Arrangement Category A and meals are provided to you as part of your living arrangement.3. You are blind and live in an independent living arrangement with or without cooking facilities.4. You live in a private medical facility and Medi-Cal does not pay for more than half of the cost of your care.5. You live in a private medical facility that is certified by the State of California but is not certified for Medi-Cal coverage.
B	<p>Living with Others and Receiving Personal Care -- You fit in this category if you are eligible for SSI and you meet the definition for Federal Living Arrangement Category A and you meet one of the following conditions:</p> <ol style="list-style-type: none">1. You need nonmedical care or supervision, you are over age 18 and you reside in the home of a relative, legal conservator, or guardian.2. You need nonmedical care or supervision and you reside in a State-licensed, nonmedical, out-of-home care facility (such as a board and care home or certified foster family home).3. You need nonmedical care or supervision and you reside in a Family Home certified by a State Family Home Agency.4. You are a blind child and you reside in the home of a relative who is not your parent or legal guardian.5. You are a disabled child and reside in the home of a legal guardian who is not a relative or in the home of a relative who is not your parent.
C	<p>Living Independently Without Cooking Facilities -- You fit in this category if you are eligible for SSI and you meet one of the following conditions:</p> <ol style="list-style-type: none">1. Your dwelling does not have cooking or food storage facilities that you can use to prepare your daily meals.2. In your dwelling you do not have access to cooking or food storage facilities that you can use as part of your living arrangement.

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3. You live in a boarding house that does not have a kitchen with cooking or food storage facilities that you can use to prepare your meals.
4. You live in a room and board facility and the facility does not provide you with meals as part of the living arrangement.
5. You live with relatives or friends in a private dwelling and do not eat meals with them and do not have access to cooking or food storage facilities that you can use to prepare your own meals.
6. You do not have a permanent place of residence or you are homeless.

D Living in Someone Else's Home -- You fit in this category if you are eligible for SSI and you meet all of the following conditions:

1. You meet the definition for Federal Living Arrangement Category B.
2. You live in the household of another person who provides you with at least part of your food and shelter.
3. You do not pay for all of the food and shelter that person provides to you.

E Living with a Parent, Guardian or Relative -- You fit in this category if you are eligible for SSI and you meet all of the following conditions:

1. You are a disabled (not blind) child under age 18.
2. You reside with a parent or relative by blood or marriage.
3. You meet the definition for Federal Living Arrangement Category A or C.

F Living with Others and Receiving Personal Care -- You fit in this category if you are eligible for SSI and you meet both of the following conditions:

1. You meet the definition for Federal Living Arrangement Category B.
2. You are receiving non-medical care or supervision.

G Living with a Parent, Guardian or Relative -- You fit in this category if you are eligible for SSI and you meet all of the following conditions:

1. You are a disabled (not blind) child under age 18.
2. You reside with a parent or relative by blood or marriage.
3. You meet the definition for Federal Living Arrangement Category B.

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- J In a medical care facility, like a hospital or nursing home, and Medi-Cal pays for or would usually pay for more than half the cost of your care -- You fit in this category if you are eligible for SSI and you live in a medical facility where Medi-Cal pays more than half of the cost of your care.
- Y Optional Supplementation Waived -- You fit in this category if you are eligible for SSI and you told us that you do not want to receive a supplementary payment from the State of California.
- Z No State Supplement Payable -- The State of California does not pay a supplement if you meet one of the following conditions.
1. You live in a private medical facility which is not licensed by the State of California and not eligible for Medi-Cal payments.
 2. You live in a publicly operated emergency shelter.
 3. You are receiving SSI benefits under the special expedited procedure for reinstating benefits.
 4. You are under age 18, live in a public medical facility, and private health insurance pays more than half the cost of your care.

SSA-L8100

PL 000247

ROA1519

Income and SSI Payments What You Need To Know

What is income for SSI purposes?

The amount of income you get is one of the factors we use to determine your eligibility for SSI payments. Usually the more income you have, the less your SSI payment will be.

Income is any money you receive. Under the SSI program, income is divided into earned income and unearned income. Earned income is income received from wages and self-employment. Unearned income is all income that is not earned income. This includes Social Security payments, Department of Veterans Affairs' payments, private pensions, and also the value of the help you receive with food or housing.

Whose income is considered?

We consider your own income. We also consider the income of your spouse if you live in the same household.

How does income affect the amount of your SSI payment?

We compute the amount of your SSI payment after we determine how much income you receive. By law, we use different rules based on the kind of income you have. The most common rules are:

- Certain federally-funded payments based on need, such as Temporary Assistance for Needy Families, are counted dollar for dollar. If you receive a \$200.00 payment of this type your SSI payment goes down \$200.00.
- We do not count the first \$20.00 of other types of unearned income. If you receive a Social Security benefit of \$200.00 each month, we don't count \$20.00 of the benefit. The remaining \$180.00 is counted as your income. If you have less than \$20.00 of unearned income, we subtract the balance of the \$20.00 from your earned income.
- For earned income, we do not count the first \$65.00. Then we do not count one-half of what is left after we have subtracted the \$65.00. If earnings are the only income you have, we also do not count \$20.00 per month from your earnings. For example, if your only income is \$300.00 per month in earnings, we first subtract \$20.00 leaving \$280.00. Then we subtract \$65.00 and half of the remainder as shown on next page.

Example of how we count someone's earnings:

Earnings	\$300.00
Subtract (-) \$20 Deduction	<u>-20.00</u>
	\$280.00
Subtract (-) \$65 Earnings Deduction	<u>-65.00</u>
	\$215.00
Subtract (-) One Half (1/2 of \$215.00)	<u>-107.50</u>
Income We Count	\$107.50

After subtracting and not counting these amounts, the remaining earnings reduce your SSI. In this example the wages are \$300.00 and \$107.50 is counted as income used to determine the SSI payment.

When does income affect your SSI payment?

Our general rule is to use the income you receive in a month to figure the SSI benefit you get two months later. For example, we use income you receive in April to figure your benefit for June. There are some exceptions to this general rule as follows:

- When you first become eligible for SSI payment or you become eligible after a month you were not eligible for SSI, we use the income received in that month to figure your payment for that month and the following two months. After that we use our general rule. For example, if April is the first month you get an SSI payment, we use the income you receive in April to figure your SSI payment for April, May and June. In July we would apply the general rule and use the income you receive in May to figure July's SSI payment.
- When you first receive SSI or when your SSI begins again after you were ineligible, and if income is received only in the first month, we use that income as well as any income you usually receive to compute the SSI payment for the first month. For example, if the first month of SSI payment is April, and you receive a one-time pension payment in April and not in May, we use the one-time pension income to compute the April SSI payment, but not the May or June SSI payments. Beginning with the July payment, we apply the general rule and use the income received in May.
- We always count federally-funded payments based on need (such as Temporary Assistance for Needy Families) in the month you receive them.

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HOW WE FIGURED YOUR PAYMENT FOR October 2015

Your Payment Amount

The most Federal SSI money the law allows us to pay	\$733.00
Minus (-) "Total income we count" (see below)	<u>-244.33</u>
Federal SSI money	\$488.67
Plus (+) the most State SSI money the law allows us to pay	+156.40
We didn't subtract (-) any income from State SSI money	<u>- 0.00</u>
Total SSI Payment for October 2015	\$645.07

Your Income Other Than Your SSI

Income you receive in August 2015 affects your payment for October 2015

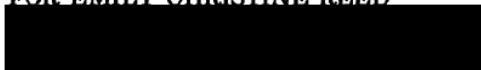
Value of food and shelter	<u>\$244.33</u>
Total income we count	\$244.33

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

SOCIAL SECURITY
17075 NEWHOPE STREET
SUITE B
FOUNTAIN VALLEY CA 92708
Date: March 21, 2016
Claim Number: [REDACTED]



ALECIA ANN DRAPER
FOR EMILY CHRISTINE REED



We are starting EMILY C. REED's Supplemental Security Income (SSI) payments again because you gave us the information we needed.

EMILY C. REED's current monthly Supplemental Security Income (SSI) payment is \$648.50 for April 2016. She will continue to get this amount each month unless there is a change in the information we use to figure her payment. This amount includes \$159.83 from the State of California.

We explain how we figured the monthly payment amount on the worksheet(s) at the end of this letter. The explanation shows how her income, other than any SSI payments, affects her SSI payment. We include explanations only for months where payment amounts change.

The Payments of EMILY C. REED Will Be Changed As Follows:

From	Through	Amount Due Each Month
April 1, 2016	Continuing	\$648.50 This includes \$159.83 from the State of California.

When You Will Receive Her Payments

Your bank or other financial institution will receive her monthly payment of \$648.50 around April 1, 2016, and on the first of each month after that.

Information Used In Making The Decision

- She was found disabled on April 29, 2015.

See Next Page

SSA-L8151

PL 000251

ROA1523

- In April 2016 on, she is not regularly attending school.
- She is living in the State of California for April 2016 on.
- The amount of money we pay her from the State of California depends on the State's rules.

She is living in someone else's home for April 2016 on.

- She has monthly income which must be considered in figuring her eligibility as follows:

The food and shelter she gets in someone else's home or apartment. We value that food and shelter at \$244.33 for February 2016 on.

Information About Medicaid

An agency of her State will advise her about the Medicaid program. If she has any questions about her eligibility for Medicaid or needs immediate medical assistance, she should get in touch with the county welfare department.

Your Reporting Responsibilities

EMILY C. REED's SSI payments may change if her situation changes. You are required to report any changes that may affect her SSI no later than 10 days after the month the change takes place.

Please call 1-800-772-1213 or contact your local Social Security office to report any of the following changes:

- She starts or stops work, or her wages increase or decrease
- Her bank account balance goes over \$2,000.00
- She moves
- Anyone else moves into or out of her household
- Someone in her household dies
- She or someone in her household marries, separates, or divorces (including same-sex marriage)
- Income or resources change for her or members of her household
- Her medical condition improves
- She starts or stops attending school regularly
- She leaves the United States and expects to be gone for a full calendar month or for 30 consecutive days
- She is in a hospital, jail, or other institution for a full calendar month
- A felony warrant for flight or escape or a warrant for violating a condition of parole or probation is issued for her arrest

You Can Review The Information in EMILY C. REED's Case

The decisions in this letter are based on the law and information in our records. You have a right to review and get copies of the information in our records that we used to make the decisions explained in this letter. You also have a right to review and copy the laws, regulations, and policy statements used in deciding her case. To do so, please contact us. Our telephone number and address are shown under the heading "If You Have Questions".

Things You Should Know

- She is living in someone else's house or apartment. We may be able to pay her more SSI money if she is paying her share of the household expenses. Contact us if you think she is paying her share.
- We have made a new decision on her case. It replaces all earlier decisions for the above periods.
- We are also sending this information to EMILY C. REED.

If You Disagree

If you disagree with this decision, you have the right to appeal. A person who did not make the first decision will decide the appeal. We call this appeal a reconsideration. When you appeal, we review her entire case, even the parts with which you agree. We consider any new facts we have and then make a new decision. The new decision could be more favorable, less favorable, or the same as the one you already have.

Time To File An Appeal

- You have 60 days to file an appeal in writing.
- The 60 days start the day after you receive this letter. We assume you received this letter 5 days after the date on the letter.
- You must have a good reason for waiting more than 60 days to file an appeal.

How To Appeal

You can file an appeal with any Social Security office. You must request the appeal in writing. Please use our "Request for Reconsideration" form, SSA-561-U2, which is available on our website at www.socialsecurity.gov on the Internet. You can also contact us by phone, by mail, or come into the office to obtain the form. If you need assistance, we can help you fill out the form.

There are 2 types of appeals. In most cases, you can choose the one you want.

- Case Review: You will not meet with the person who decides her case. You have a right to review the facts in her file. You can give us more facts to add to her file. Then we will decide her case again. This is the only kind of appeal you can have for a medical decision.
- Informal Conference: You will talk with the person who decides her case either in person or over the phone. You can tell that person why you disagree with our decision. If you meet with us in person, it may help her case. You have a right to review the facts in her file. You can give us more facts to add to her file. You can have other people help explain her case. Then we will decide her case again.

If You Want Help With Your Appeal

You may choose to have a representative help you. We will work with this person just as we would work with you. If you decide to have a representative, you should find one quickly so that person can start preparing your case.

Many representatives charge a fee only if you receive benefits. Others may represent you for free. Usually, your representative may not charge a fee unless we approve it. Your local Social Security office can give you a list of groups that can help you find a representative.

If you get a representative, you or that person must notify us in writing. You may use our Form SSA-1696-U4 Appointment of Representative. Any local Social Security office can give you this form.

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

If you have any questions, please:

- Visit our website at www.socialsecurity.gov to find general information about SSI;
- Visit our website at www.socialsecurity.gov/SSIRules/ to find the law and regulations about SSI eligibility and payments;
- Call us toll-free at 1-800-772-1213 or call your local office at 877-304-6994. We can answer most questions over the phone. If you are deaf or hard of hearing, our toll-free TTY number is 1-800-325-0778; or

03/21/2016

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- Write or visit any Social Security office. If you plan to visit an office, you may call ahead to make an appointment. The office that serves your area is located at:

SOCIAL SECURITY
SUITE B
17075 NEWHOPE STREET
FOUNTAIN VALLEY CA 92708

Please have this letter with you if you call or visit an office. If you write, please include a copy of the first page of this letter. It will help us answer your questions. We are busiest early in the week and early in the month. If your business can wait, it is best to call or visit at other times.

Social Security Administration

Enclosure(s):
How We Figured EMILY C. REED's Payment

0.030 oz 063378-001-0/3034741 0045526 0316013 1-0000000

SSA-L8151

PL 000255

ROA1527

03/21/2016

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HOW WE FIGURED EMILY C. REED'S PAYMENT FOR April 2016 ON

Her Payment Amount

The most Federal SSI money the law allows us to pay	\$733.00
Minus (-) "Total income we count" (see below)	<u>-244.33</u>
Federal SSI money	\$488.67
Plus (+) the most State SSI money the law allows us to pay	+159.83
We didn't subtract (-) any income from State SSI money	<u>- 0.00</u>

Total Monthly SSI Payment for April 2016 on	\$648.50
--	-----------------

Her Income Other Than Her SSI

Income she receives in February 2016 on affects her payment for April 2016 on

Value of food and shelter	<u>\$244.33</u>
---------------------------	-----------------

Total income we count	\$244.33
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0.830 oz 063378-001-0/3034741 0045525 0316815 1=000000

SSA-L8151

PL 000256

ROA1528

EXHIBIT 11

EXHIBIT 11

EXHIBIT 11

06-02-76
3/15th
G

**Authorization for Request or Use/Disclosure of
Protected Health Information (PHI) (Substance Abuse/Psychiatric Records)**

2950

Del Amo Hospital

This authorization to receive or release medical information is being requested of you to comply with the terms of the Confidentiality of Medical Information Act of 1980, Section 56ct.scc of the California Civil Code, and 42-C Federal Regulations.

Patient Name/Previous Name: x Emily Reed D.O.B. [REDACTED]

AUTHORIZES: Del Amo Hospital 23700 Camino Del Sol, Torrance, Ca 90505

DISCLOSURE OF PHI TO: ☐ Psychiatrist ☐ Mental Health Provider ☐ Insurance Co.

☐ Primary Care Physician ☒ Self/Patient ☐ Attorney ☒ Other

Emily Reed/Alecia Draper
~~Cheryl Ann Draper~~

Name of Healthcare Provider/Plan/Patient/Other [REDACTED] Phone # [REDACTED]

[REDACTED] Street Address Fax # [REDACTED]

[REDACTED] City, State, Zip Code

x mother
Relationship to Patient

will Pick up

INFORMATION TO BE RELEASED: (check applicable categories)

☒ Discharge Summary ☒ Admission Report ☒ History & Physical
☒ Psychological Testing ☒ Labs/X-rays/EKG, etc. ☒ Medication
☒ Dates of Hospitalization ☒ Letter ☒ Other [REDACTED]
☒ Aftercare Packet

PURPOSE OF DISCLOSURE: (check applicable categories)

☒ Continuation of Care ☒ Insurance/Billing ☒ Legal/Attorney
☒ SSI/Disability ☒ IEP (Education) ☐ Other [REDACTED]

I understand that PHI used or disclosed as a result of my signing this Authorization may not be further used or disclosed by the recipient unless such use or disclosure is specifically required or permitted by law.

Expiration Date: This authorization is valid until the following date 3/30/2016
Month Day Year

AuthorizationReleasePacket5-11

Your rights with respect to this authorization:

Right to Receive a Copy of this Authorization – I understand that if I agree to sign this authorization, which I am not required to do, I must be provided with a signed copy of the form.

Right to Revoke this Authorization – I understand that I have the right to revoke this Authorization at any time by telling DAH in writing. I may use the Revocation of Authorization at the bottom of this form, mail or deliver the revocation to:

Del Amo Hospital 23700 Camino Del Sol, Torrance, Ca 90505
Attention: Health Information Department

I also understand that a revocation will not affect the ability of DAH or any health care provider to use or disclose the health information for reasons related to the prior reliance on this authorization.

Conditions. I understand that I may refuse to sign this authorization without affecting my ability to obtain treatment. However, DAH may condition the provision of research-related treatment on obtaining an authorization to use or disclose PHI created for that research-related treatment. (In other words, if this authorization is related to research that includes treatment, you will not receive that treatment unless this authorization form is signed.)

I have had an opportunity to review and understand the content of this authorization form. By signing this authorization, I am confirming that it accurately reflects my wishes.

Aileen Draper

Signature of Patient/Personal Representative

(If signed by other than the client, state relationship and authority to do so):

Emily Reed

Signature of Parent/Legal Guardian/Conservator

If the child is 12 years of age or older, Title 17 (California State Law [45C.F.R. 164/502(G); Cal Civil Code 56.105©])
requires that the child/adolescent signature as well as the legal guardian signature is required

3-30-15

Date

(Relationship)

3-30-15

Date

Witness/Staff assisting patient

Date

Attending Psychiatrist Signature

Date

The attending psychiatrist in charge of this patient, hereby approves/disapproves the release of information to the party specified above. If disclosure is disapproved, give reasons below. Also note any restrictions on the authorization form.

Risk Manager Signature

Date

REVOCATION OF AUTHORIZATION

SIGNATURE OF PATIENT/LEGAL REP: _____

If signed by other than the patient, state relationship and authority to do so: _____

DATE: ____ / ____ / ____
Month Day Year

AuthorizationReleasePacket6-11

DEL AMO HOSPITAL INC
23700 CAMINO DEL SOL

048

PATIENT DEMOGRAPHIC PROFILE

Date Printed: 030815

TORRANCE, CA 90505
(310) 530-1151

Patient Name..... **REED, EMILY**
Address..... [REDACTED]
City, State, Zip..... [REDACTED]
Phone..... [REDACTED]
Social Security No..... [REDACTED]
Birth Date..... [REDACTED]
Age..... 018Y
Sex..... F
Race..... W White
Ethnicity..... CAUCASIAN Amer
Language..... English
Marital Status..... SINGLE
Referral Source 1..... LOS ALAMITOS
Referral Source 2.....
Financial Class: 4002
Fin. Class Name: MANAGED HEALTH NETWORK MH
Doctor Name..... GESSESSE HIRUY
NPP.....
Auth #.....
Account No/Type..... [REDACTED] INV -INVOLUNTARY
Medical Record No..... 000000270
Country.....
Admit Date/Time..... 3/07/15 39
Disch Date/Time..... 3/30/15 home
Adm.Dx.....
Prev. Admit Date..... 00/00/0000
Service..... IPL
Occupation.....
Employer.....
Address.....
Phone.....
Nursing Station: ITTU
Other Contact:
Name.....
Address.....
City, State, Zip.....
Phone.....
Relationship.....
Cell.....

*** Insurance Information ***

Primary Insurance Holder/Guarantor

Name..... REED EMILY
Address..... [REDACTED]
City, State, Zip..... [REDACTED]
Phone..... [REDACTED]
Relationship..... [REDACTED]
D.O.B..... [REDACTED]
Occupation.....
Employer.....
Address.....
City, State, Zip.....
Cell.....
Other.....

Spouse/Parent

Name.....
Address.....
City, State, Zip.....
Phone.....
Occupation.....
Employer.....
Cell.....
Other.....

*** Insurance Carrier 1 Information ***

Carrier..... MANAGED HEALTH NETWORK MHN
Group Name..... [REDACTED]
Policy..... [REDACTED]
Policy Holder.. REED EMILY
Address..... PO BOX 1462
City/St/Zip.... LEXINGTON KY 40512
Ins Phone..... [REDACTED]
Policy Hld DOB. [REDACTED]

*** Insurance Carrier 2 Information ***

Carrier.....
Group Name..... Grp#..
Policy.....
Policy Holder.. [REDACTED]
Address.....
City/St/Zip....
Ins Phone..... [REDACTED]
Policy Hld DOB. [REDACTED]

*** Insurance Carrier 3 Information ***

Carrier.....
Policy.....
Policy Holder..

*** Insurance Carrier 4 Information ***

Carrier.....
Policy.....
Policy Holder..

Notes:

3/1/15
5081

Del Amo Hospital
23700 Camino Del Sol
Torrance, CA. 90505
Telephone: (310) 530-1151

ADMISSION REPORT

PATIENT NAME: REED, EMILY

DATE OF ADMISSION: 03/07/2015

IDENTIFICATION OF PATIENT: Patient is an 18-year-old, Caucasian female brought in on a 5150 hold for danger to self.

REASON FOR ADMISSION/CHIEF COMPLAINT/PRESENT ILLNESS: According to the hold, patient attempted to strangle herself with a sweater. Patient was evaluated by a school psychologist and was unable to contract for safety. Patient has a significant history of sexual abuse and multiple psychiatric hospitalizations. The patient on face-to-face evaluation made no effort to answer questions. Patient appears to be preoccupied with internal stimuli. Patient was easily agitated throughout the interview. Patient often would turn her head around and tend to ignore the interviewer. Patient, at this time, is unpredictable, impulsive, and unable to contract for safety.

PAST PSYCHIATRIC/SUBSTANCE ABUSE HISTORY: According to the documentation, this patient has had previous psychiatric hospitalization, however, none at Del Amo Hospital. Patient is currently on no psych medication. Denies any drug, alcohol or tobacco abuse.

SOCIAL HISTORY/DEVELOPMENTAL HISTORY: Patient is currently living with family. She is in the 12th grade. Patient has a history of sexual abuse; however, patient would not elaborate at this time. Patient again was noncontributory to providing any information. d history, all information was obtained from the documentations.

FAMILY PSYCH HISTORY: No family psych history.

PAST MEDICAL HISTORY/MEDICATIONS/ALLERGIES: Medical history: None. **Allergies:** None.

MENTAL STATUS EXAMINATION:

APPEARANCE AND BEHAVIOR: Patient appears her stated age. Well nourished. Guarded. Selectively mute.

ADMISSION REPORT

DEL AMO HOSPITAL

Page 1 of 3

Patient Name: **REED, EMILY**

Patient Number:

Medical Record No.:

Attending Physician

HIRUY GESSESSE, MD

MOOD: Irritable.
 AFFECT: Restricted.
 MOTOR ACTIVITY: Psychomotor retardation.
 THOUGHT PROCESS: Unable to assess due to patient's lack of cooperation. Patient appears to be responding to internal stimuli.
 THOUGHT CONTENT: No visual hallucinations. No paranoid delusion. Has suicidal thoughts. No homicidal ideation.
 LONG/SHORT TERM MEMORY (mode of evaluation): Unable to assess due to patient's lack of cooperation throughout the interview.
 ESTIMATE OF INTELLIGENCE (mode of evaluation): Unable to assess due to patient's lack of cooperation throughout the interview.
 CAPACITY FOR SELF HARM and/or HARM TO OTHERS: Suicide risk is high.
 INSIGHT: Impaired.
 JUDGMENT: Impaired.
 IMPULSE CONTROL: Impaired.
 CAPACITY FOR ACTIVITIES OF DAILY LIVING: Fair.

PATIENT STRENGTHS AND ASSETS: Healthy, supportive family.

ADMITTING DIAGNOSES:

Psychiatric: Major depressive disorder with psychotic features.
 Post-traumatic stress disorder (PTSD).
Medical: None.
Stressors: Severe.

INITIAL TREATMENT PLAN/TREATMENT MODALITIES (i.e., Milieu Tx, AT Tx, Group Tx): The patient will be started on individual, group and adjunctive therapy on a regular basis. We will start patient on Abilify 5 mg p.o. daily and Prozac 10 mg p.o. q.a.m. to help with the auditory hallucinations and depression, respectively. The patient was informed of the risks and benefits of medication. At this time, unable to obtain collateral information from family, as the patient is unwilling to provide consent.



PROBLEM AREAS: Poor coping skills, danger to self, and auditory hallucinations.

STAFF RESPONSIBLE: Ensure the patient complies with medication and therapy.

ESTIMATED LENGTH OF STAY: 3 to 5 days.

**ADMISSION REPORT
 DEL AMO HOSPITAL**

Page 2 of 3

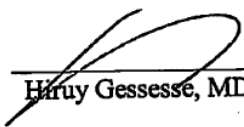
Patient Name:	REED, EMILY
Patient Number:	
Medical Record No.:	
Attending Physician	HIRUY GESSESSE, MD

PLANNED DISPOSITION ON DISCHARGE: Home.

GOALS/PROJECTED OUTCOME THIS HOSPITALIZATION: Improve coping skills, reduce suicide risk.

EDUCATION: The patient will be educated regarding medication and diagnosis.

I certify that inpatient psychiatric hospitalization is medically necessary for treatment which could reasonably be expected to improve the patient's current condition. Based upon the available information, I expect that this patient requires medically necessary care beyond the next 72 hours.


Hiruy Gessesse, MD

Date

HG/mw

DD: 03/07/2015 07:20

DT: 03/07/2015 07:26

Job #: X905690

This information has been disclosed to you from records whose confidentiality is protected by state law/Section 532a (Welfare & Institutions) and/or Federal Law, Federal Regulations (42CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom the information pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

ADMISSION REPORT

DEL AMO HOSPITAL

Page 3 of 3

Patient Name:

REED, EMILY

Patient Number:

Medical Record No.:

Attending Physician

HIRUY GESSESSE, MD

Name: _____ Date: 3/2/15

Age: _____ Sex: Male ☐ Female ☒ Race: _____

Chief Complaint: Per Psych ☒
 Drug OD ☐ Alcohol/Drug Withdrawal ☐ Alcohol/Drug Detox ☐
 Other: _____

Past Psychiatric History: Per Psych ☒

Past Medical Problems: None ☐

A Fib <input type="checkbox"/>	Degenerative Disc Disease <input type="checkbox"/>	Hyperlipidemia <input type="checkbox"/>	Tachycardia <input checked="" type="checkbox"/>
AIDS <input type="checkbox"/>	Dementia <input type="checkbox"/>	Hypotension <input type="checkbox"/>	TIA <input type="checkbox"/>
Anemia <input type="checkbox"/>	DJD <input type="checkbox"/>	Hypothyroidism <input type="checkbox"/>	Vision Impaired <input type="checkbox"/>
Arrhythmias <input type="checkbox"/>	DM I <input type="checkbox"/>	Lumbago <input type="checkbox"/>	Self-Inflicted: <input type="checkbox"/>
Arthritis <input type="checkbox"/>	DM I/Renal <input type="checkbox"/>	Migraines <input type="checkbox"/>	Cuts/Laceration <input type="checkbox"/>
Asthma <input type="checkbox"/>	DM II <input type="checkbox"/>	Nephrolithiasis <input type="checkbox"/>	Burns <input type="checkbox"/>
BPH <input type="checkbox"/>	DM II/Renal <input type="checkbox"/>	Opiate (Dependency/Withdrawal) <input type="checkbox"/>	Wounds <input type="checkbox"/>
Bradycardia <input type="checkbox"/>	DM II Insulin Dependant <input type="checkbox"/>	Overactive Bladder <input type="checkbox"/>	
CAD <input type="checkbox"/>	Deep Venous Thrombosis <input type="checkbox"/>	Parkinson's <input type="checkbox"/>	
Cancer <input type="checkbox"/>	Endocarditis <input type="checkbox"/>	Renal Insufficiency <input type="checkbox"/>	
Cephalgia <input type="checkbox"/>	Endometriosis <input type="checkbox"/>	Rheumatoid Arthritis <input type="checkbox"/>	
CHF <input type="checkbox"/>	ETOH (Dependency/Withdrawal) <input type="checkbox"/>	Seizures <input type="checkbox"/>	
Chronic Pain <input type="checkbox"/>	Fibromyalgia <input type="checkbox"/>	Sickle Cell <input type="checkbox"/>	
Cirrhosis <input type="checkbox"/>	Gastro Esophageal Reflux Disease <input type="checkbox"/>	SLE <input type="checkbox"/>	
Chronic Kidney Disease <input type="checkbox"/>	Hepatitis (A,B,C) <input type="checkbox"/>	Somatic Complaints <input checked="" type="checkbox"/>	
COPD <input type="checkbox"/>	HIV <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>	
CVA <input type="checkbox"/>	HTN <input type="checkbox"/>	Syphilis <input type="checkbox"/>	

Handwritten: s/p strangulation attempt c stryke

Past Surgical History: None ☐

Appendectomy <input type="checkbox"/>	Hysterectomy <input type="checkbox"/>	Tonsillectomy <input type="checkbox"/>	CABG <input type="checkbox"/>
Spine <input type="checkbox"/>	Lap Band <input type="checkbox"/>	Gastric Bypass <input type="checkbox"/>	Splenectomy <input type="checkbox"/>
Cholecystectomy <input type="checkbox"/>	Ortho/Joint <input type="checkbox"/>	Hip Replacement <input type="checkbox"/>	Other: _____



History and Physical Examination

REED, EMILY

03/07/2015 00:39
DR. H. GESSESSE

PL 000197

Family History:

Unremarkable ☒ CVA ☐ DM ☐ CAD ☐ Alcoholism ☐
Cancer ☐ Hyperlipidemia ☐ HTN ☐ Psych Disorder ☐ Other: _____

Social History:

Tobacco Denies ☒ Positive ☐
Illicit Drugs Denies ☒ Positive ☐
Heavy Alcohol Denies ☒ Positive ☐

Allergies:

NKA ☒ Medications: See Attached ☒ Unable to Obtain ☐ Denies ☒

ROS-Review of System**General:**

Wt Loss or Wt Gain ☒
Night Sweats ☒
Fever or Chills ☒
Fatigue ☒

Denies

Seldom

Chronic

HEENT:

Cephalgia ☒
Ear Pain ☒
Hearing Loss ☒
Rhinnohea ☒
Sore Throat ☒
Vision Changes ☒

Denies

Seldom

Chronic

Skin:

Rash ☒
New Lesions ☒
Scars ☒
Tattoos ☒
Pruritis ☒
Lacerations ☒
Abrasions ☒

Denies

Seldom

Chronic



History and Physical Examination

REED, EMILY

03/07/2015 00:39
DR. H.GESSESSE

Pulmonary:	Denies	Seldom	Chronic
Cough	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheezing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemoptysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac:	Denies	Seldom	Chronic
Palpitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Orthopnea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest Pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GI:	Denies	Seldom	Chronic
N&V	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal Pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hematochezia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dyspepsia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Constipation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Melena	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GU:	Denies	Seldom	Chronic
Menstrual Irregularities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dysuria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flank Pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal:	Denies	Seldom	Chronic
Myalgia/Arthralgia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Back Pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hematology:	Denies	Seldom	Chronic
Abnormal Bleeding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy Bruising	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrinology:	Denies	Seldom	Chronic
Heat or Cold Tolerance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyuria/dipsia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurology:	Denies	Seldom	Chronic
Syncops	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focal Weakness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paresthesia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



History and Physical Examination

REED, EMILY

03/07/2015 00:39
DR. H. GESSESSE

PL 000199

Physical Exam

General:

WD/WN

Agree ☒

Disagree ☒

Appeared Stated Age

Agree ☒

Disagree ☒

Distress

Absent ☒

Present ☒

Vital Signs:

BP

97/62

Pulse

120

RR

16

Temp

97.5

BMI

See Graphics/Intake: ☒

HEENT:

Head

NC/AT

Abnormal

Conjunctiva

Clear

Abnormal

Sclera

Nonicteric

Abnormal

Fundi

Normal

Abnormal

External Ear

Normal

Abnormal

Pharynx

Clear

Abnormal

Oral

Normal

Abnormal

Neck:

Palpation

Normal

Abnormal

Tone

Supple

Abnormal

Thyroid

Normal

Abnormal

Chest Wall

Palpation

Nontender

Abnormal

Deformities

Absent

Present

Lungs:

Auscultation

Clear

Abnormal

Heart:

S1/S2

Normal

Abnormal

S3/S4/Murmur

Absent

Present

PMI

Normal

Abnormal

Rate

Normal

Abnormal

Rhythm

Regular

Abnormal

Abdomen:

HSM

Absent

Present

Auscultation

Normal

Abnormal

Palpation

Normal

Abnormal

Guarding/Rigidity

Absent

Present

Discomfort

Absent

Present

Flank:

Palpation

Nontender

Tender



History and Physical Examination

JT/M&P Exam 6.5.2011

REED, EMILY

03/07/2015 00:39
DR. H. GESSESSE

PL 000200

Skin: Refuses full exam

Turgor	Normal	Abnormal
Rash	Absent	Present
Suspicious Lesions	None Visible	Present
Scars	None Visible	Present
Abrasions	None Visible	Present

See Nursing Diagram:

Musculoskeletal:

Upper Extremities	Normal	Abnormal
Lower Extremities	Normal	Abnormal
Spine	Normal	Abnormal

Genitals: ☐ Normal ☐ Abnormal ☐ Offered but Refused ☐ Not Indicated ☐ Pt. is Current ☒ Not Performed due to exacerbation of Psychosocial issues

Rectal: ☐ Normal ☐ Abnormal ☐ Offered but Refused ☐ Not Indicated ☐ Pt. is Current ☒ Not Performed due to exacerbation of Psychosocial issues

Pelvic: ☐ Normal ☐ Abnormal ☐ Offered but Refused ☐ Not Indicated ☐ Pt. is Current ☒ Not Performed due to exacerbation of Psychosocial issues

Breast: ☐ Normal ☐ Abnormal ☐ Offered but Refused ☐ Not Indicated ☐ Pt. is Current ☒ Not Performed due to exacerbation of Psychosocial issues

Lymph: Normal ☒ Abnormal

Peripheral Vascular: Normal ☒ Abnormal

Extremities:

Clubbing/Cyanosis	Absent	Present
Edema	Absent	Present



History and Physical Examination

JT/H&PEExam 6.6.2011

REED, EMILY

05/07/2015 00:39
DR. H. GESSESSE

PL 000201

Neurology:

Motor	Intact <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Sensory	Intact <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Reflex (bicep/patella)	Intact <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Gait	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Smell	Intact <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Visual (field/acuity)	Intact <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Pupils	PERRLA <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
EOM	Intact <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Facial Sensation	Intact <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Smile	Symmetrical <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Raising of Eyelids	Intact <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Hearing	Intact <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Uvula	Midline <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Gag Reflex	Intact <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Shoulder Shrug	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Tongue Movement	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Finger to Nose	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>

LABS: Pending ☒ Unremarkable ☐ Pertinent Abnormalities ☐**Impressions:** Psychosocial Problems per Psychiatry and:

Underweight
Gene Vulezhi

5/8 Hinging attempt

A Fib <input type="checkbox"/>	Degenerative Disc Disease <input type="checkbox"/>	Hyperlipidemia <input type="checkbox"/>	Tachycardia <input checked="" type="checkbox"/>
AIDS <input type="checkbox"/>	Dementia <input type="checkbox"/>	Hypotension <input type="checkbox"/>	TIA <input type="checkbox"/>
Anemia <input type="checkbox"/>	DJD <input type="checkbox"/>	Hypothyroidism <input type="checkbox"/>	Vision Impaired <input type="checkbox"/>
Arrhythmia <input type="checkbox"/>	DM I <input type="checkbox"/>	Lumbago <input type="checkbox"/>	Self-Inflicted:
Arthritis <input type="checkbox"/>	DM I/Renal <input type="checkbox"/>	Migraines <input type="checkbox"/>	<input type="checkbox"/> Cuts/Laceration
Asthma <input type="checkbox"/>	DM II <input type="checkbox"/>	Nephrolithiasis <input type="checkbox"/>	<input type="checkbox"/> Burns
BPH <input type="checkbox"/>	DM II/Renal <input type="checkbox"/>	Opiate (Dependency/Withdraw) <input type="checkbox"/>	<input type="checkbox"/> Wounds
Bradycardia <input type="checkbox"/>	DM II/Insulin Dependant <input type="checkbox"/>	Overactive Bladder <input type="checkbox"/>	
CAD <input type="checkbox"/>	Deep Venous Thrombosis <input type="checkbox"/>	Parkinson's <input type="checkbox"/>	
Cancer <input type="checkbox"/>	Endocarditis <input type="checkbox"/>	Renal Insufficiency <input type="checkbox"/>	
Cephalgia <input type="checkbox"/>	Endometriosis <input type="checkbox"/>	Rheum Arthritis <input type="checkbox"/>	
CHF <input type="checkbox"/>	ETOH (Dependency/Withdraw) <input type="checkbox"/>	Seizure <input type="checkbox"/>	
Chronic Pain <input type="checkbox"/>	Fibromyalgia <input type="checkbox"/>	Sickle Cell <input type="checkbox"/>	
Cirrhosis <input type="checkbox"/>	Gastro Esophageal Reflux Disease <input type="checkbox"/>	SLE <input type="checkbox"/>	
Chronic Kidney Disease <input type="checkbox"/>	Hepatitis (A,B,C) <input type="checkbox"/>	Somatic Complaints <input checked="" type="checkbox"/>	
COPD <input type="checkbox"/>	HIV <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>	
CVA <input type="checkbox"/>	HTN <input type="checkbox"/>	Syphilis <input type="checkbox"/>	

(B) Fall wounds
mark in



History and Physical Examination

JTH&P Exam 5.5.2015

REED, EMILY

03/07/2015 00:39
DR. H. GESSESSE

5 of 7

PL 000202

Plan:

Follow-up with Primary Care Physician & Psychiatrist after Discharge ☒

Detox Protocol; See Attached ☐

See Admit Orders ☒

Monitor Vitals ☐

Monitor Blood Sugar ☐

Pain Management ☒

Further evaluation and therapy will be instituted as indicated ☒

Other:

PT Edm
D med
TO 3/22

Restriction on Activities: ☒ No ☐ Yes

Seizure Precautions ☐

Fall Precautions ☐

Activity as Tolerated ☐

Examining Physician Name: (Print)

Barry Allewang, MD ☐

Winston Chung, MD ☐

Rene Perez-Silva, MD ☐

Gerald Cohen, MD ☐

Date/Time

3/7/15 1030

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History and Physical Examination

ITNABDFeem6 R 2011

REED, EMILY

03/07/2015 00:39
DR. H.GESSESSE

7 of 7

PL 000203



Patient Report

Specimen ID: 071-D29-0406-0
Control ID: CXE04285045

Acct #: Phone: Rte: 00

REED, EMILY

Del Amo Hospital - SDU
23700 Camino Del Sol
TORRANCE CA 90505

Patient Details

DOB: [REDACTED]
Age(y/m/d): 018/03/24
Gender: F SSN: [REDACTED]
Patient ID: [REDACTED]

Specimen Details

Date collected: 03/12/2015 0000 Local
Date entered: 03/12/2015
Date reported: 03/12/2015 1418 ET

Physician Details

Ordering: P HIRSCH
Referring:
ID: [REDACTED]
NPI: [REDACTED]General Comments & Additional Information
Faxed 1100 03/12/2015 cb.

Ordered Items

Comp. Metabolic Panel (14); Hepatic Function Panel (7); STAT; Venipuncture; Ambig Abbrev HFP7 Default; Ambig Abbrev CMP14 Default

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Comp. Metabolic Panel (14)					
Glucose, Serum	74		mg/dL	65 - 99	01
BUN	11		mg/dL	6 - 20	01
Creatinine, Serum	0.64		mg/dL	0.57 - 1.00	01
eGFR If NonAfrican Am	131		mL/min/1.73	>59	
eGFR If African Am	151		mL/min/1.73	>59	
BUN/Creatinine Ratio	17			8 - 20	
Sodium, Serum	139		mmol/L	134 - 144	01
Potassium, Serum	4.2		mmol/L	3.5 - 5.2	01
Chloride, Serum	104		mmol/L	97 - 108	01
Carbon Dioxide, Total	27		mmol/L	18 - 29	01
Calcium, Serum	9.9		mg/dL	8.7 - 10.2	01
Protein, Total, Serum	7.1		g/dL	6.0 - 8.5	01
Albumin, Serum	4.1		g/dL	3.5 - 5.5	01
Globulin, Total	3.0		g/dL	1.5 - 4.5	
A/G Ratio	2.0			1.1 - 2.5	
Bilirubin, Total	1.0		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase,	78		IU/L	43 - 101	01
AST (SGOT)	17		IU/L	0 - 40	01
ALT (SGPT)	12		IU/L	0 - 32	01

Hepatic Function Panel (7)

Bilirubin, Direct 0.25 mg/dL 0.00 - 0.40 01

Ambig Abbrev HFP7 Default

A handwritten panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Hepatic Function Panel (7), Test Code #322755 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

Date Issued: 03/12/15 1418 ET

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**Patient Report**Patient: REED, EMILY
DOB: [REDACTED]

Control ID [REDACTED]

Specimen ID [REDACTED]
Date collected: 03/12/2015 0000 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Ambig Abbrev CMP14 Default	A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.					01
01 TC	LabCorp Torrance 23441 Madison Street Suite 310 Bld8, Torrance, CA 90505-4735			Hong Li, MD		

For inquiries, the physician may contact Branch: 800-859-6046 Lab: 800-959-7087

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Date Issued: 03/12/15 1418 ET

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LabCorp
Laboratory Corporation of America

LabCorp Torrance
23441 Madison Street Suite 310 Bldg
Torrance, CA 90505-4735

Phone: 800-959-7087

Patient ID		Control Number	Account Number	Account Phone Number	Route
Patient Last Name		Account Address			
REED		Del Amo Hospital - SDU			
Patient First Name	Patient Middle Name				
EMILY					
Patient SS#	Patient Phone	Total Volume			
23700 Camino Del Sol		TORRANCE CA 90505			
Age (Y/M/D)	Date of Birth	Sex	Fasting		
18/03/24		F			
Patient Address			Additional Information		
			91949		
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID
03/12/15 00:00	03/12/15		HIRSCH	P	

Tests Ordered
Comp. Metabolic Panel (14); Hepatic Function Panel (7); STAT; Venipuncture; Ambig Abbrev HFP7
Default; Ambig Abbrev CMP14 Default

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Comp. Metabolic Panel (14)					
Glucose, Serum	74		mg/dL	65 - 99	01
BUN	11		mg/dL	6 - 20	01
Creatinine, Serum	0.64		mg/dL	0.57 - 1.00	01
eGFR If NonAfrican Am	131		mL/min/1.73	>59	
eGFR If African Am	151		mL/min/1.73	>59	
BUN/Creatinine Ratio	17			8 - 20	
Sodium, Serum	139		mmol/L	134 - 144	01
Potassium, Serum	4.2		mmol/L	3.5 - 5.2	01
Chloride, Serum	100		mmol/L	97 - 108	01
Carbon Dioxide, Total			mmol/L	18 - 29	01
Calcium, Serum			mg/dL	8.7 - 10.2	01
Protein, Total, Serum	4.4		g/dL	6.0 - 8.5	01
Albumin, Serum	4.3		g/dL	3.5 - 5.5	01
Globulin, Total	2.1		g/dL	1.5 - 4.5	
A/G Ratio	2.0			1.1 - 2.5	
Bilirubin, Total	1.0		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase,	78		IU/L	43 - 101	01
AST (SGOT)	17		IU/L	0 - 40	01
ALT (SGPT)	12		IU/L	0 - 32	01

Hepatic Function Panel (7)

Bilirubin, Direct 0.25 mg/dL 0.00 - 0.40 01

Ambig Abbrev HFP7 Default

A handwritten panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently formerly recognized AMA panel. We have assigned Hepatic Function Panel (7), Test Code #322755 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

REED, EMILY

Seq #

03/12/15 14:00 ET

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03/12/2015 2:00:36 PM
TO: STAT

FROM: LAB CORP LCLS F6

Del Amo Hospital - SDU

TO: 3106269314

LABCORP

Page 2 of 2

LabCorp
Laboratory Corporation of America

LabCorp Torrance
23441 Madison Street Suite 310 Bld8
Torrance, CA 90505-4735

Phone: 800-959-7087

Patient Name REED, EMILY					Specimen Number [REDACTED]		
Account Number [REDACTED]	Patient ID [REDACTED]	Control Number [REDACTED]	Date and Time Collected 03/12/15 00:00	Date Reported	Sex F	Age(Y/M/D) 18/03/24	Date of Birth [REDACTED]
TESTS		RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB

Ambig Abbrev CMP14 Default

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

01 TC LabCorp Torrance Dir: Hong Li, MD
23441 Madison Street Suite 310 Bld8, Torrance, CA 90505-4735
For inquiries, the physician may contact Branch: 800-859-6046 Lab: 800-959-7087

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REED, EMILY			Seq #
--------------------	--	--	-------

03/12/15 14:00 ET

DUPLICATE FINAL REPORT

Page 2 of 2

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Specimen ID: [REDACTED]
Control ID: [REDACTED]

REED, EMILY

Acct #: [REDACTED] Phone: [REDACTED] Rte: [REDACTED]

Del Amo Hospital - ITU
23700 Camino Del Sol
TORRANCE CA 90505



Patient Details

DOB: [REDACTED]
Age(y/m/d): 018/03/19
Gender: F SSN: [REDACTED]
Patient ID: [REDACTED]

Specimen Details

Date collected: 03/07/2015 0830 Local
Date entered: 03/08/2015
Date reported: 03/10/2015 0919 ET

Physician Details

Ordering: H GESSESSE
Referring: [REDACTED]
ID: [REDACTED]
NPI: [REDACTED]

General Comments & Additional Information

Clinical Info: SRC: URINE

Clinical Info: [REDACTED]

Clinical Info: LM

Ordered Items

733688 10 Drug-Ser; Urinalysis, Routine

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
733688 10 Drug-Ser					
Amphetamines, Urine	Negative		ng/mL	Cutoff=1000	01
Amphetamine test includes Amphetamine and Methamphetamine.					
Barbiturates	Negative		ng/mL	Cutoff=200	01
Benzodiazepines	Positive		ng/mL	Cutoff=200	01
Cannabinoid	Negative		ng/mL	Cutoff=50	01
Cocaine (Metab.)	Negative		ng/mL	Cutoff=300	01
Methaqualone Screen, Urine	Negative		ng/mL	Cutoff=300	01
Opiate	Negative		ng/mL	Cutoff=2000	01
Opiate test includes Codeine, Morphine, Hydromorphone, Hydrocodone.					
Phencyclidine	Negative		ng/mL	Cutoff=25	01
Methadone	Negative		ng/mL	Cutoff=300	01
Propoxyphene, Urine	Negative		ng/mL	Cutoff=300	01
Drug Screen Comment:					03
This assay provides a preliminary unconfirmed analytical test result that may be suitable for the clinical management of patients in certain situations. For workplace drug testing programs, preliminary positive findings should always be confirmed by an alternative method. Some over-the-counter medications, as well as adulterants, may cause inaccurate results. Screen Only testing does not meet the College of American Pathologists Forensic Urine Drug Testing Program requirements as a forensic urine drug test for workplace testing. All clients must ensure that their testing program conforms to applicable state and federal laws and employment agreements.					
Urinalysis, Routine					
Urinalysis Gross Exam					03
Specific Gravity	1.027			1.005 - 1.030	03
pH	6.0			5.0 - 7.5	03
Urine-Color	Yellow			Yellow	03
Appearance	Clear			Clear	03
WBC Esterase	Negative			Negative	03

Date Issued: 03/10/15 0919 ET

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Notes 7/10/15 e 1200 catherine rw



Patient Report

Patient: REED, EMILY
DOB: [REDACTED]

Control ID: [REDACTED]

Specimen ID: [REDACTED]
Date collected: [REDACTED]

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Protein	Trace			Negative/Trace	03
Glucose	Negative			Negative	03
Ketones	1+	Abnormal		Negative	03
Occult Blood	Negative			Negative	03
Bilirubin	Negative			Negative	03
Urobilinogen, Semi-Qn	1.0		mg/dL	0.0 - 1.9	03
Nitrite, Urine	Negative			Negative	03
Microscopic Examination	Microscopic follows if indicated.				03

01	UI	LabCorp OTS RTP 1904 T W Alexander Drive, RTP, NC 27709-0153	Michael Fox, MD
02	BN	LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	William F Hancock, MD
03	SO	LabCorp San Diego 13112 Evening Creek Dr So Ste 200, San Diego, CA 92128-4108	Jenny Sankoway, MD

For inquiries, the physician may contact Branch: 800-859-6046 Lab: 858-668-3700

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3/16/15

Date Issued: 03/10/15 0919 ET

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**Patient Report**Specimen ID: [REDACTED]
Control ID: [REDACTED]

Acct #: [REDACTED]

Phone: [REDACTED]

Rte: [REDACTED]

REED, EMILY

Del Amo Hospital - ITU
23700 Camino Del Sol
TORRANCE CA 90505**Patient Details**DOB: [REDACTED]
Age(y/m/d): 018/03/20
Gender: F SSN: [REDACTED]
Patient ID: [REDACTED]**Specimen Details**Date collected: 03/08/2015 0720 Local
Date entered: 03/09/2015
Date reported: 03/10/2015 0706 ET**Physician Details**Ordering: H GESSESSE
Referring:
ID:
NPI:**Ordered Items**

CMP14+CBC/D/Plt+RPR+TSH; hCG, Beta Subunit, Qual, Serum; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
CMP14+CBC/D/Plt+RPR+TSH						
Chemistries						
Glucose, Serum	76		mg/dL	- 99		01
BUN	11		mg/dL	6 - 20		01
Creatinine, Serum	0.79		mg/dL	0.57 - 1.00		01
eGFR If NonAfrican Am	110		mL/min/1.73m ²	>59		
eGFR If African Am	126		mL/min/1.73m ²	>59		
BUN/Creatinine Ratio	14			8 - 20		
Sodium, Serum	142		mmol/L	134 - 144		01
Potassium, Serum	3.9		mmol/L	3.5 - 5.2		01
Chloride, Serum	102		mmol/L	97 - 108		01
Carbon Dioxide, Total	16	Low	mmol/L	18 - 29		01
Calcium, Serum	9.7		mg/dL	8.7 - 10.2		01
Protein, Total, Serum	6.9		g/dL	6.0 - 8.5		01
Albumin, Serum	4.0		g/dL	3.5 - 5.5		01
Globulin, Total			g/dL	1.5 - 4.5		
A/G Ratio				1.1 - 2.5		
Bilirubin, Total	2.4	High	mg/dL	0.0 - 1.2		01
Alkaline Phosphatase, S	87		IU/L	43 - 101		01
AST (SGOT)	20		IU/L	0 - 40		01
ALT (SGPT)	13		IU/L	0 - 32		01
Thyroid						
TSH	1.590		uIU/mL	0.450 - 4.500		01
Serology/Immunoassay						
RPR	Non Reactive			Non Reactive		01
CBC, Platelet Ct, and Diff						
WBC	4.7		x10E3/uL	3.4 - 10.8		01
RBC	4.83		x10E6/uL	3.77 - 5.28		01
Hemoglobin	15.0		g/dL	11.1 - 15.9		01
Hematocrit	43.2		%	34.0 - 46.6		01
MCV	89		fL	79 - 97		01
MCH	31.1		pg	26.6 - 33.0		01
MCHC	34.7		g/dL	31.5 - 35.7		01

Date Issued: 03/10/15 0706 ET

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noted (Rodgers) 0623 3-10-15

**Patient Report**Patient: REED, EMILY
DOB: [REDACTED]

Control ID: [REDACTED]

Specimen ID: [REDACTED]
Date collected: [REDACTED]

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
RDW	13.6		%	12.3 - 15.4	01
Platelets	249		x10E3/uL	150 - 379	01
Neutrophils	47		%		01
Lymphs	42		%		01
Monocytes	9		%		01
Eos	1		%		01
Basos	1		%		01
Neutrophils (Absolute)	2.2		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	2.0		x10E3/uL	0.7 - 3.2	01
Monocytes (Absolute)	0.4		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.5	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		%		01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01

hCG, Beta Subunit, Qual, Serum

Negative

mIU/mL

Negative <6

01

01 SO LabCorp San Diego
13112 Evening Creek Dr So Ste 200, San Diego, CA
92128-4108 Jenny Galloway, MD

For inquiries, the physician may contact Branch: 800-859-6046 Lab: 858-668-3700

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Date Issued: 03/10/15 0706 ET

FINAL REPORT

Page 2 of 2

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noted U Rodgers RN 0623 3-10-15

Del Amo Hospital Medication Reconciliation

ADMISSION MEDICATIONS:					
Information Source: <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Family/Friend: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unable to obtain - Reason: _____			ALLERGIES: <u>NKA</u> Females Only: Pregnant: <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No Lactating: <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No		
List ALL Patient's Current Medications (prescriptions, over the counter meds, PRNs, vitamins, supplements, birth control, eye/ear drops, etc)	Dosage	Route	Schedule / Frequency	Reason / Indication	Last Taken (date)
<u>None</u>					
Medications Reviewed / Reconciled on: (Date / Time) <u>3/7/15 @ 0205</u> By Nurse (print name): <u>S. Cobb</u> With Psychiatrist and/or Internist (print names): <u>Valdez Cohen</u>					
DISCHARGE MEDICATIONS:					
Name of Medication	Dosage	How to Take	How Often to Take	When to Take	Reason / Indication
ABILIFY	5mg 1 TAB	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime <u>9:00 / 1:00PM</u>	DEPRESSION
ABILIFY	15mg 1 TAB	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime <u>5:00PM</u>	DEPRESSION
PROZAC	40mg 1 TAB	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input checked="" type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime	DEPRESSION
		<input type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime	
		<input type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime	
		<input type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime	
		<input type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime	
I have been provided a copy of the above instructions and given the opportunity to ask questions. My signature below indicates my understanding. Date: <u>3/30/15</u> Patient or Guardian Signature: <u>Emily Reed</u> Discharging RN Signature: <u>Shagun RN</u>					



REED, EMILY

03/07/2015 00:39
DR. H.GESSESSE

DISCHARGE PROGRESS NOTE

NEURODEVELOPMENTAL DISORDERS

☐ Autism Spectrum Disorder

☐ Attention-Deficit/Hyperactivity Disorder:

☐ Combined presentation

☐ Predominantly inattentive

☐ Unspecified Neurodevelopmental Disorder

☐ Predominantly hyperactive/impulsive

SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS

☐ Delusional Disorder – Specify if: ☐ With bizarre content

☐ Erotomanic

☐ Grandiose

☐ Jealous

☐ Persecutory

☐ Somatic

☐ Mixed

☐ Unspecified

☐ Brief Psychotic Disorder – Specify if: ☐ With catatonia

☐ With marked stressor(s)

☐ Without marked stressor(s)

☐ With postpartum onset

☐ Schizophrenia – Specify if: ☐ With catatonia

☐ Schizoaffective Disorder – Specify if: ☐ With catatonia

☐ Bipolar Type

☐ Depressive Type

☐ Unspecified ☐ Sub-chronic ☐ Chronic ☐ Sub-chronic with acute exacerbation

☐ Chronic with acute exacerbation

☐ Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

BIPOLAR AND RELATED DISORDERS

☐ Bipolar I Disorder:

or

☐ Bipolar II Disorder (*manic & psychotic features not applicable)

☐ Unspecified Bipolar and Related Disorder

<input type="checkbox"/> MANIC*	<input type="checkbox"/> HYPOMANIC	<input type="checkbox"/> DEPRESSED	<input type="checkbox"/> UNSPECIFIED
<input type="checkbox"/> Mild		<input type="checkbox"/> Mild	
<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> Severe		<input type="checkbox"/> Severe	
<input type="checkbox"/> With psychotic features		<input type="checkbox"/> With psychotic features*	
<input type="checkbox"/> In partial remission	<input type="checkbox"/> In partial remission	<input type="checkbox"/> In partial remission	
<input type="checkbox"/> In full remission	<input type="checkbox"/> In full remission	<input type="checkbox"/> In full remission	
<input type="checkbox"/> Unspecified	<input type="checkbox"/> Unspecified	<input type="checkbox"/> Unspecified	

DEPRESSIVE DISORDERS

☐ Major Depressive Disorder – ☐ Single episode or ☐ recurrent episode:

☐ Mild

☐ In partial remission

☐ Moderate

☐ In full remission

☐ Severe

☐ Unspecified

☐ With psychotic features

☐ Disruptive Mood Dysregulation Disorder

☐ Unspecified Depressive Disorder

ANXIETY DISORDERS

☐ Social Anxiety Disorder

☐ Generalized Anxiety Disorder

☐ Panic Disorder

☐ Agoraphobia

☐ Unspecified Anxiety Disorder

OBSESSIVE-COMPULSIVE AND RELATED DISORDERS

☐ Obsessive-Compulsive Disorder

☐ Body Dysmorphic Disorder

☐ Trichotillomania

☐ Unspecified Obsessive-Compulsive and Related Disorder

DISSOCIATIVE DISORDERS

☐ Dissociative Identity Disorder

☐ Dissociative Amnesia

☐ Unspecified Dissociative Disorder

FEEDING AND EATING DISORDERS

☐ Anorexia Nervosa – ☐ Restricting type or ☐ Binge-eating/purging type

☐ Bulimia Nervosa

☐ Unspecified Feeding or Eating Disorder

PARAPHILIC DISORDERS

☐ Voyeuristic

☐ Exhibitionistic

☐ Frotteuristic

☐ Sexual Masochism

☐ Sexual Sadism

☐ Pedophilic

☐ Fetishistic

☐ Transvestic

☐ Unspecified Paraphilic Disorder

Del Amo
Psychiatric Health Services

NUR055 – rev. 1/11, 6/14

REED, EMILY

03/07/2015 00:39

DR. H. GESSESSE

PERSONALITY DISORDERS

☐ Antisocial ☐ Borderline ☐ Histrionic ☐ Narcissistic ☐ Dependent ☐ Obsessive-Compulsive ☐ Unspecified Personality Disorder

TRAUMA AND STRESSOR RELATED DISORDERS

☐ Unspecified Trauma- and Stressor-Related Disorder

☐ Posttraumatic Stress Disorder ☐ Acute Stress Disorder

☐ Adjustment Disorder:

☐ With anxiety ☐ With depressed mood ☐ With mixed anxiety and depressed mood
☐ Unspecified ☐ With disturbance of conduct ☐ With mixed disturbance of emotions and conduct

DISRUPTIVE, IMPULSE-CONTROL, AND CONDUCT DISORDERS

☐ Oppositional Defiant Disorder ☐ Intermittent Explosive Disorder
☐ Conduct Disorder – ☐ Childhood-onset type, ☐ Adolescent-onset type, or ☐ Unspecified onset
☐ Unspecified Disruptive, Impulse-Control, and Conduct Disorder

SUBSTANCE-RELATED AND ADDICTIVE DISORDERS

☐ Unspecified Other Substance-Related Disorder

<input type="checkbox"/> Alcohol Use Disorder or <input type="checkbox"/> Alcohol Withdrawal <input type="checkbox"/> Without perceptual disturbances <input type="checkbox"/> With perceptual disturbances <input type="checkbox"/> Cannabis Use Disorder or <input type="checkbox"/> Cannabis Withdrawal <input type="checkbox"/> Opioid Use Disorder or <input type="checkbox"/> Opioid Withdrawal <input type="checkbox"/> Sedative, Hypnotic, or Anxiolytic Use Disorder <input type="checkbox"/> Stimulant Use Disorder or <input type="checkbox"/> Stimulant Withdrawal <input type="checkbox"/> Amphetamine-type substance <input type="checkbox"/> Cocaine <input type="checkbox"/> Other or unspecified stimulant	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Unspecified <input type="checkbox"/> Continuous <input type="checkbox"/> Episodic <input type="checkbox"/> Remission
--	---	--

OTHER DIAGNOSES:

OTHER CONDITIONS THAT MAY BE A FOCUS OF CLINICAL ATTENTION (full list available in DSM-5)

☐ Parent-Child Relational Problem ☐ Sibling Relational Problem
☐ Academic or Educational Problem ☐ Personal History of Self-Harm
☐ Upbringing Away From Parents ☐ Nonadherence to Medical Treatment
☐ Relationship Distress with Spouse or Intimate Partner ☐ Other Problem Related to Employment
☐ Inadequate Housing ☐ Low Income
☐ Problems Related to Other Legal Circumstances ☐ Exposure to Disaster, War, or Other Hostilities
☐ Unavailability or Inaccessibility of Health-Care Facilities ☐ Personal History of Military Deployment
☐ Child Physical Abuse – ☐ Initial encounter or ☐ Subsequent encounter; ☐ Confirmed or ☐ Suspected
☐ Child Sexual Abuse – ☐ Initial encounter or ☐ Subsequent encounter; ☐ Confirmed or ☐ Suspected
☐ Personal history (past history) of abuse in childhood: ☐ Physical, ☐ Sexual, ☐ Neglect, ☐ Psychological
☐ Other:

If 2+ antipsychotics prescribed at time of discharge, justification is:

☐ Failed Multiple Trials of Monotherapy (minimum of three failed trials of monotherapy)
☐ Plan to Taper to Monotherapy (documented plan to taper or cross-taper in progress)
☐ Clozapine Augmentation

CONDITION ON DISCHARGE / SYMPTOM IMPROVEMENT / OUTCOME OF HOSPITALIZATION / OTHER COMMENTS:

Dis 5/14/19 ship/rel
- 1 foot his

Physician Signature


NUR05 – rev. 1/11, 6/14

Date / Time

REED, EMILY

03/07/2015 00:39
DR. H. GESSESSE

Patient Name: Emily Reed
Date of Birth: [REDACTED]

Use of disclosure: I hereby authorize Hoag Memorial Hospital Presbyterian to disclose the information listed below to: (List the person/organization authorized to receive this information.)

Name/Organization: Emily Reed

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Phone: [REDACTED]

☐ Mail ☒ Patient will pick up ☐ Family member will pick up Name: _____

Requested Media: ☒ Paper ☐ CD Phone: _____

This authorization applies to the following:

☒ All health information pertaining to any medical history, mental or physical condition and treatment received, **OR**

☐ Only the following records or types of health information: Date of Service: _____

<input type="checkbox"/> ED Records	<input type="checkbox"/> History & Physical	<input type="checkbox"/> Consults	<input type="checkbox"/> Operative Report
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> MD Progress Notes	<input type="checkbox"/> MD Orders	<input type="checkbox"/> Nurse's Notes
<input type="checkbox"/> EKG, EMG, EEG	<input type="checkbox"/> Radiology Reports	<input type="checkbox"/> Anesthesia Records	<input type="checkbox"/> Lab/Pathology Reports
<input type="checkbox"/> Radiology Film/CD, Type: _____		<input type="checkbox"/> Other: _____	

I specifically authorize release of the following information (check as appropriate):

☒ Alcohol/drug treatment information ☒ HIV Test Results ☒ Mental Health Treatment Information

A separate authorization is required to authorize disclosure or use of psychotherapy notes.

Purpose for use/disclosure: ☒ Patient Request ☐ Further Medical Care ☐ Insurance **OR**
☐ Other: _____

Expiration: This authorization expires (insert date or event): 04/29/17

Emily Reed 4/29/17 _____ A.M./P.M.
[Signature] [Date] [Time]

If signed by other than patient, indicate legal relationship to patient: _____

Witness: [Signature]

**AUTHORIZATION TO RELEASE COPIES OF
MEDICAL RECORDS**
JIT 2363 Side 2 of 2 Rev 11/25/14

[REDACTED]

[7715]

Original - Chart Copy - Patient

MR #

[REDACTED]

ACCT #

[REDACTED] **PL 000215**

EXHIBIT 13

EXHIBIT 13

EXHIBIT 13



To whom it may concern:

May 9, 2017

Re: Ms. Emily Reed

DOB: [REDACTED]

This letter is written at the request of Ms. Reed and her family, with signed consent to release this information for the purpose of determining benefits and level of treatment required. Ms. Reed has been my patient since March 2016. She was referred by her therapist after a "breakdown" in her therapist's office requiring EMS transport to the hospital. At the time of our initial visit, Ms. Reed and her family described a two year history of frequent "breakdowns" and psychiatric hospitalizations (five between 2014-2015), with "pseudoseizures," episodes of dissociation, and "catatonic" episodes. In addition to these hospitalizations she also completed a residential treatment program in 2015. She had been tried on fifteen different medications by the time she came to see me.

She has been diagnosed with and is being treated for Post Traumatic Stress Disorder (F43.12) and Other Dissociative and Conversion Disorders (F44.89). She has had 14 visits with me, and she has weekly or twice weekly sessions with her therapist, and has engaged in various forms of therapy. Emily has demonstrated difficulty in communication and interactions with others, frequently shutting down and being unable to participate in appointments. Her ability to interact and communicate with others is significantly limited. She has demonstrated difficulty with consistency with medications, becoming ill on several occasions due to forgetting doses and then taking large doses "to make up for it." She tried working, but soon became overwhelmed and had to stop because she was "shutting down" at night after work. After a therapy session in April, she came home, picked up supplies for her dog, left her cell phone, and "drove off to Utah," ending up in Nevada instead. Her mother has been afraid to leave her alone because of her comments of wanting to "disappear and go away," and has taken leave from work (with my support) to stay with Ms. Reed until an appropriate residential treatment program can be found.

It is my professional opinion that Ms. Reed does indeed need a high level of care in a safe, consistent, therapeutic environment, to be able to process her trauma and to start working through her dissociation and conversion symptoms. While prognosis is always difficult to make, I anticipate progress will be quite slow, as evidenced by the severity of her symptoms and limited ability to employ coping strategies without dissociating and shutting down. It is safe to say even with residential treatment it could take her several years to start feeling integrated comfortably into society.

Should you have further questions regarding this matter, please feel free to contact my office.

Sincerely,

Jennifer Love Farrell, MD

Diplomate, American Board of Psychiatry and Neurology

Diplomate, American Board of Addiction Medicine

Board Certified in Psychiatry, Addiction Psychiatry and Addiction Medicine

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PL 000216

ROA1556

Pure Light Counseling Elise Collier MS-LMFT #78451
901 Dove street Suite 140 Newport Beach, CA 92660

5/5/17

I have been the treating clinician for Emily Reed since April 2015. Emily presents with complex PTSD, chronic, severe and severe Dissociative identity Disorder, NOS. Emily's symptoms include, intense urges to self harm, dissociation, suicidality, impulsivity, depression, severe anxiety with panic, anhedonia, nightmares, and disturbing internal stimuli (i.e. fragmented parts screaming in her head). When Emily has just been exposed to a internal or external threat a disturbance in the client's mental state causes clinically significant distress or impairment in the individual's social interactions, capacity to work or other important areas of functioning. When active, this condition substantially limits several of Emily's major life activities such as: concentrating, thinking, interacting with others, sleeping, eating, and caring for self.

As a client Emily vacillates from engaged and motivated to self defeating and withdrawal. Emily has engaged in the following treatment modalities: DBT treatment (mindfulness, thought stopping, emotional regulation training), EMDR (positive resourcing , desensitizing disturbing memories) , Breathing and Safe place exercises, and Recognizing negative thought patterns and challenging them. In addition Emily has done some integration DID work with attempting to integrate her parts. Due to the intensity of Emily's internal distress the work has been moving 3 steps forward and 2 steps back. Emily's strengths are following directions, compassion, determination, and hard work. While this diagnosis is difficult to quantify or predict a treatment outcome, I believe that comprehensive treatment in a safe environment will give Emily an opportunity to live a well-adjusted life.

Elise Collier MS-LMFT

elise@purelightcounseling.com

562-335-9552



To whom it may concern:

July 13, 2017

Re: Ms. Emily Reed

DOB: [REDACTED]

I have been asked to write this letter on behalf of Ms. Reed to provide expert opinion on whether Ms. Reed could reasonably be considered disabled prior to the age of 18. I have reviewed an annotated version of Nevada Revised Statute 125B.110 provided by her attorney. Ms. Reed (Emily) has been under my care since March 2016. I have reviewed her medical records dating back to 2014, including emergency room visits, psychiatric hospitalizations, and residential treatment records in preparation of this opinion.

Emily was first brought to the emergency room in March 2014, at age 17. She was suicidal, hadn't slept well the week prior, was crying uncontrollably, refusing to eat, stating she wanted to starve to death. She was brought to the emergency department after an episode at school in which she was crying in class, laying on the floor in the fetal position. Of note from these records, her parents divorced in 2006 and behavior changes started in 2007, around the time her brother was reportedly abused. An IEP (Individual Education Program) was put in place when Emily was in the fifth grade, and a psychologist was included in her IEP at age 15. It was also noted developmentally she had failed multiple hearing tests, but her hearing was eventually found to be normal and tests indicated possible malingering. She was admitted to the UCI psychiatric hospital adolescent unit for three weeks, March 18-April 7, 2014. Review of the three weeks of hospital medical records reveals one episode of auditory hallucinations, and regressed, self-injurious behavior, including her request to sleep in her closet. She disclosed sexual abuse by her father's roommate of 11 years' duration wherein she was forced to watch pornography and engage in oral sex. The doctor notes "prolonged abuse, decline in social and academic function, complex family dynamics," and she was placed on five psychotropic medications to try to help stabilize her. Her diagnoses given after that lengthy hospital stay for evaluation and treatment were: Major Depressive Disorder, Chronic Post Traumatic Stress

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PL 000218

ROA1558



Disorder, and Social Anxiety Disorder. She was not stable enough to discharge home, and so was sent to a residential treatment program, Center For Discovery.

Emily had a lengthy (35 day) stay at Center for Discovery (CFD) between April 7-May 12, 2014, and was discharged not by physician recommendation, but because insurance denied further residential treatment. The psychiatrist recommended the partial hospital program, but due to "scheduling conflicts," Emily was transitioned to an intensive outpatient program. Notes from CFD indicate "depression off and on for several years," much worse secondary to the abuse. She experienced "multiple panic attacks a day" while in the program.

In March 2015, when Emily was 18 but still in the 12th grade, she was admitted to Del Amo hospital on a 5150 (California statute of involuntary hospitalization) for suicidal ideation after she tried to strangle herself with the sleeves of a sweater. She was reportedly there for one month, but a discharge summary from Del Amo has not been made available for review.

In April 2015 Emily was again hospitalized. She was agitated, rolling around on the asphalt in the fetal position for 35 minutes and screaming, according to her school psychologist. Leading to this episode her records indicate she had been doing some trauma therapy, was dissociating, had auditory hallucinations, and an upcoming court case involving the perpetrator of her abuse. She was diagnosed with Major Depressive Disorder with Psychotic Features, and Post Traumatic Stress Disorder.

Emily came to see me after a dissociative episode at her therapist's office wherein she was crying, shaking, in the fetal position on her therapist's floor, and EMS had to be called to transport her to the hospital. She was in such a state that EMS made a report to the CA DMV and her license was taken away, and she had to undergo extensive clearance from a neurologist and psychiatrist in order for her to regain the ability to drive. To this day she continues to experience dissociative episodes, high anxiety, depression, suicidal ideation,

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and an inability to participate in gainful employment. In order to attempt to support her into a healthy life, she is undergoing intensive therapies, included but not limited to equine therapy, intensive psychotherapy, trauma therapy, group therapy, and she has an emotional support dog. Her behavior became so erratic and potentially dangerous that I had to put her mother on FMLA leave in order to stay with Emily 24/7. Unfortunately her court case still has not been heard, and she repeatedly must prepare to testify, just to have the trial continued over and over again.

The legal question at hand is whether Emily was disabled prior to age 18. Although I was not her psychiatrist at the time, the medical record clearly uses the qualifier "chronic" for her diagnosis of Post Traumatic Stress Disorder (PTSD) when she was 17 years old. In psychiatry, trauma diagnoses are placed into one of two categories: Acute Stress Disorder, or PTSD. Any trauma with symptoms lasting under one month is designated Acute Stress Disorder. With symptoms lasting over one month, a diagnosis of PTSD is given, qualified by "acute" (symptoms last one to three months), "chronic" (symptoms last three months or more), or "with delayed onset" (symptoms first appear at least six months after the event). It is clear Emily was diagnosed with Chronic PTSD at age 17, and the behaviors outlined in her chart are consistent with longstanding symptoms of abuse prior to it being discovered during this hospitalization. Notably, as far back as 2007, Emily was hiding possessions (wallets, keys, shoes of multiple family members). This is around the time her brother was reportedly abused (there was reportedly a deposition wherein a family friend "admitted he tied Emily's brother's hands in a long sleeved shirt behind his back and duct taped his hands and locked him in a room.") It is not uncommon for children to start hiding things when they are being forced to keep secrets. The record also indicates Emily started having nightmares in 2009, which is a frequent symptom of PTSD. Physicians in her medical records have also frequently referenced "years of depression," even pre-dating her first hospitalization at age 17.

It is clear Emily met diagnostic criteria for Chronic PTSD when she was 17 years old, and had suffered years of depression and abuse prior to this, as well as nightmares and behavioral issues (from hiding things to possibly malingering hearing issues) dating back to as early as 2007.

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ROA1560



It is also my professional opinion Emily is not able to support herself. We tried to have her work part time at one point, and she was unable to tolerate it, even though she was with family and had her emotional support dog with her. I am unsure whether she is receiving disability assistance, but certainly think she would qualify.

In short, Emily is unable to engage in any substantial gainful activity by reason of her significant and chronic mental impairment, which has lasted for many years and is expected to last for a period of over 12 months.

Please do not hesitate to contact me should you require further information in this matter.

Sincerely,

Jennifer Love Farrell, MD

Diplomate, American Board of Psychiatry and Neurology

Diplomate, American Board of Addiction Medicine

Board Certified in Psychiatry, Addiction Psychiatry and Addiction Medicine

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ROA1561



Supplemental Report to the Report Submitted in July 2017

RE: Ms. Emily Reed
DOB: 11/16/1996

To whom it may concern:

November 21, 2019

I have been asked to provide an expert opinion as to whether Ms. Reed (Emily): meets the requirements for disability under Nevada statute prior to age 18, whether she continues to be disabled, whether it is likely her disability will continue in the future, and whether it is medically appropriate for her to testify in this court case.

In forming my opinion on the first matter, whether Emily could reasonably be considered disabled prior to the age of 18 per Nevada Revised Statute 125B.110, I have reviewed extensive records provided by Emily's mother dating back to 2008 (when she was in fifth grade), including IEPs and team reports (Exhibits 10-21), as well as the records from her first psychiatric hospitalization and the treatments that followed (Exhibits 1-4). Notably, in the Multidisciplinary Psycho-Educational Assessment Report of September 2013 (Exhibit 18; Emily was age 16 years 9 months), the first mention of "clinically significant anxiety, atypicality, withdrawal and functional communication" is reported.

Approximately six months later, at age 17, Emily was first brought to the emergency room after an episode in school in which she was crying in class, laying on the floor in the fetal position, saying she wanted to die. She was admitted to the psychiatric hospital adolescent unit for three weeks. These medical records document behavior changes starting in 2007. According to the hospital medical record Emily had auditory hallucinations, self-injurious behavior, regressed behavior. She disclosed sexual abuse by her father's roommate of eleven years' duration, and the doctor documents "prolonged abuse, decline in social and academic function," and she was placed on five psychotropic medications. Her diagnoses at that time were Major Depressive Disorder, Chronic Post Traumatic Stress Disorder, and Social Anxiety Disorder.

Emily was not stable enough to go home after the three weeks in the hospital, so she was sent to the Center for Discovery (Exhibit 2) for 35 days. Her medical record states she was not discharged by physician recommendation, but because insurance denied further coverage. The medical record from Center for Discovery documents "depression off and on for several years."

In the Social-Emotional Assessment done when Emily was 17 (Exhibit 19), the school psychologist determined Emily met criteria for eligibility as a student with an emotional disturbance. This is summarized clearly on page 17 of this document. "Emily has an emotional condition, Post-Traumatic Stress Disorder, which has occurred for years, and especially exacerbated in the school setting in the past six or so months." In October 2014, Emotional Disturbance became the primary disability for her IEP (Exhibit 20).

ER 001450

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Case Number: 05D338668

ROA1562



It is my professional medical opinion, based on review of Emily's medical records, particularly of her hospitalization at UCIMC Neuropsychiatric Center March-April 2014 and at Center for Discovery April-May 2014, as well as the school psychologist's report, that Emily was clearly disabled prior to age 18. Her medical records at that time document *chronic* post traumatic stress disorder, *recurrent* depression, suicide attempts and self-injurious behavior resulting in months of hospitalization and treatment beginning when Emily was a minor, which in my opinion rendered her unable to engage in any substantial gainful activity and which has lasted much longer than 12 months.

The second question is whether Emily continues to be disabled.

In March 2015, when Emily was 18 but still in high school, she was admitted to Del Amo hospital (Exhibit 3) on a 5150 hold (California statute of involuntary hospitalization) "following a suicide attempt in response to auditory hallucinations occurring the presence of profound and continued sexual abuse with significant levels of posttraumatic stress symptomatology."

In April 2015 Emily was again hospitalized at UCIMC (Exhibit 1). Per the hospital record Emily was "in the middle of the street rolling around on the ground in the fetal position for 35 minutes...she continued to scream in the middle of the street for the entire 35 minutes she was rolling around on the ground."

Emily came under my care in March 2016, and her treatment course with me between March 2016 and July 2017 is summarized in the July 2017 letter. A summary of Emily's medical record since July 2017 provides support for my opinion as to whether she continues to be disabled. The notes in their entirety can be made available for review at the court's discretion, however it would be essential these notes not be part of any public record for the sake of Emily's privacy. Since the date of the first letter, I have seen Emily for twenty-six (to the best of my knowledge) appointments with minimum duration of 30 minutes each session.

August 4, 2017: Very depressed, crying three to four times daily. Mom has to sleep with her and she doesn't want to take medication. Going to a NAMI anxiety group, volunteering with horses, in therapy with Dr. Rouanzoin. Mom found a bottle of bleach and called Dr. Rouanzoin and discussed whether Emily should go to the hospital. (They decided not to send her.) Made medication changes and referred Emily to an intensive outpatient program (IOP).

August 25, 2017: Is eating more; mom is still having to sleep with her, but Emily seems "bright" with the new medication.

ER 001451



September 22, 2017: Is dissociating; mom is having to push her to take a shower. Tried an online class and couldn't tolerate it. Low motivation, needs constant redirection. Big step for her to take medications and eat meals without prompting recently.

October 13, 2017: 5150 hospitalization at St. Joseph in Orange, CA due to having a breakdown after a group at the IOP.

November 20, 2017: Discussed admission to the hospital in October from the IOP. She was on a "one to one" with staff for suicidal ideation at the IOP. After hospitalization stopped the NAMI anxiety group and volunteering with horses. Discussed conservatorship since she is unable to do her own finances, work, bathe regularly, and needs 24/7 supervision. Discussed longer-term residential treatment.

December 21, 2017: Emily is detached in session. Had to add an extra 20 minutes to the session because she is so unstable. Discussed a higher level of care might be needed on a longer-term basis. Suicidal and homicidal ideation discussed, but she does not meet criteria for a 5150 involuntary hospitalization today.

December 27, 2017: Depressed, anxious, with suicidal and homicidal thoughts, but doesn't meet criteria for involuntary hospitalization today. Did some therapeutic grounding techniques in session.

January 3, 2018: Still seeing Dr. Rouanzoin weekly. Quiet, not participating in our session. Did some more grounding techniques with her today. Recommend follow up in one or two weeks, but Emily says she wants to come back in three weeks.

January 24, 2018: Emily expresses paranoid ideation of being watched. She still requires near-constant supervision by family at home. Mom is still trying to get her into a long-term residential program. Mom is still having to dispense medications to Emily.

February 20, 2018: Missed appointment. Found out about hospitalization

February 2018: Emily was hospitalized in Texas, then transferred to Del Amo Hospital from February 28 through March 26, 2018. Per the Del Amo medical record (Exhibit 3), Emily was "admitted on...an emergent basis for treatment of profound loss of



psychosocial functioning hallmarkd by severe levels of depression with active suicidal and self-harming behavior.”

April 20, 2018: Discussed the hospitalizations, regressed and dangerous behavior; per mom Emily drank the blue chemical from an ice pack and had to go to the ER. Ten alters emerged, she was suicidal, eating crayons. She made a suicide attempt while at Del Amo. The hospital added four other medications which Emily stopped when she left. She was unable to provide any information herself during this session. Is now transferring therapy from Dr. Rouanzoin to Dr. Rogers in GA. I requested a follow up in three weeks; they could not afford to come back for six weeks.

June 4, 2018: Emily likes the therapist in GA. Says sometimes talking to her dad triggers alters. She made a chart of her alters. Spends most of her time as Hidi, who is seven years old and doesn't like dogs or to take medication. I had to prescribe a form of Lamictal that could dissolve in Emily's mouth in case Hidi wouldn't take the prescribed medication in its tablet form.

July 2, 2018: Emily has been inconsistent with medications, is overwhelmed, having suicidal ideation the past few weeks.

July 31, 2018: Emily says she had a meltdown at airport security. “I started to scream and cry on the floor and my mom and dog helped me through it.”

August 27, 2018: Ongoing frequent suicidal ideation reported. Emily is very distant, not communicating much in session today.

October 2, 2018: “Patient hasn't had an episode for about a week....Last week's episode had her on the floor crying and mute, only groaning but no words—mom and brother moved her to the couch and they used a weighted blanket and had the dog lay on her and after about fifteen minutes she woke up and didn't remember the episode.” Emily is going to her step dad's office once weekly to file—they are trying to get her out of the house a little. She brought her dog to a retirement home. Ongoing dissociation reported. Will be starting a new therapy program online for 16 weeks to work on independence, independent thinking and healthy boundaries.

ER 001453



November 6, 2018: Emily can't handle the homework for the online therapy program so is just listening in. Started a rowing class and is filing at the step dad's office one day a week. One major breakdown reported, moaning, foaming at the mouth lasting six minutes. Anxiety is higher, so stopped volunteering with her dog, isn't driving much. Told her mom one alter took 15 pills [MD not notified at the time]. For six hours one night Emily reportedly only said the word "banana." Meds to be placed in a lockbox, discussed what to do if she ever takes pills again [ER, 9-1-1, hospital, call me, etc.].

December 6, 2018: Reports no suicidal ideation the past month; when asked whether she had any episodes says, "I don't know." Stopped her online therapy class because it was too overwhelming. She sounds more stable today than at past visits.

January 14, 2019: Emily is back to needing supervision to take her medication. She is still rowing, but has been unable to go to step-dad's office to help one day a week. Went to her rowing team potluck—was yelling at home before. Had labs, physical exam with primary care physician, but was unable to do the PAP smear/GYN exam. Noted to be minimally functional. Suicidal ideation less intense. Isolating at home, not participating in day-to-day life. Referred for TMS (Transcranial Magnetic Stimulation).

February 2, 2019: Emily is sad. Discussed the episode when Emily (as an alter) took her clothes off and went into the pool. She scratched her hands to raw/bleeding during a therapy session.

March 20, 2019: Emily reports suicidal ideation. Overall functioning and quality of life is noted to be well below peers.

April 23, 2019: Reports she had a new male rowing coach and vomited after rowing. Reports a lot of switching of alters.

May 22, 2019: Emily disclosed she stopped her nighttime meds one or two months prior. She has been crying herself to sleep. Changed medication to extended release to allow for once daily dosing.

June 17, 2019: Emily is very depressed. Attacked mom. Discussed hospitalization. Alters came out in session.

ER 001454



July 15, 2019: This was reportedly a better month, with only three days of crying and emotional lability.

August 8, 2019: Received call from Emily's mom re: a suicide crisis.

August 12, 2019: Emily says she is sad she has to live. She is more sad than usual. Emily admits she's thought about ending her life. When asked about a plan there is a long silence. "If I had a gun right here I'd use it, its so strong. But I don't know if I'm capable." Discussed hospitalization, but then she blurted out, "Fine, I'm not going to hurt myself." She doesn't meet criteria for an involuntary hold. She is planning to go to GA for an in-person intensive therapy session. Mom agrees to keep me updated twice weekly.

August 2019: While in GA for her therapy intensive Emily overdosed and was hospitalized. Mom worked frantically to find a long-term treatment facility for Emily, and she was finally admitted to a program in TN, where she remains at the time of this letter's writing.

In reviewing my notes from Emily's sessions, she is a young woman who suffers from **Major Depressive Disorder, Recurrent, Severe without Psychosis; Chronic Post Traumatic Stress Disorder**, who is frequently—even regularly—suicidal. In the course of her treatment for her dissociation, it was discovered she meets diagnostic criteria for **Dissociative Identity Disorder**, which is characterized by two or more distinct personality states causing marked discontinuity in sense of self and sense of agency, accompanied by related alterations in affect, behavior, consciousness, memory, perception, cognition and/or sensory-motor functioning. It is further characterized by recurrent gaps in the recall of everyday events, important personal information, and/or traumatic events that are inconsistent with ordinary forgetting. The symptoms cause clinically significant distress or impairment in social, occupation, or other important areas of functioning. The National Alliance on Mental Illness (NAMI) has a helpful, easy-to-read fact sheet on Dissociative Disorders, which is included as an attachment to this letter for reference.

Per the **Nevada Revised Statutes Annotated 125B.110.**, the definition of handicap is "an inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve months." It is clear by review of her medical record, Emily has not been able to engage in any substantial gainful activity in the twenty-seven months since the date of my first letter to the court, due to the chronicity and severity of her psychiatric diagnoses listed above.

ER 001455
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It is my professional medical opinion Emily continues to be disabled by her mental illness, and I do not, unfortunately, note any periods of clinically significant improvement or non-existent symptoms in the years she has been under my care. It is also my professional medical opinion her disability will continue into the foreseeable future.

It is also my professional medical opinion that testifying in this trial would be imminently dangerous for Emily. Throughout her medical and hospital records, mention of an upcoming court hearing frequently leads to suicidal ideation, decompensation, and even hospitalization.

My opinions given herein reflect my understanding of the Nevada Revised Statutes Annotated 125B.110, review of the available medical records, my own treatment of Emily (with conversations with Emily's mother and grandmother documented in the medical record for collateral information), consultation with Emily's therapists over the years, and based on my expertise in the field of psychiatry.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jennifer Love Farrell, MD'.

Jennifer Love Farrell, MD

Diplomate, American Board of Psychiatry and Neurology

Diplomate, American Board of Addiction Medicine

Board Certified in Psychiatry, Addiction Psychiatry and Addiction Medicine

ATTACHMENTS:

1. List of documents reviewed
2. NAMI (National Alliance on Mental Illness) information on Dissociative Identity Disorder
3. My Curriculum Vitae
4. Statement of costs for completing the letter of July 2017 and current report

List of documents reviewed for expert opinion dated November 21, 2019

I. *Nev. Rev. Stat. Ann. 125B.110* provided by Ms. Brennan.

II. List of documents and medical records, school records provided by Mrs. Draper, listed as **Exhibits 1-30**, with special reference in my letter to the following Exhibits:

1. UCIMC Neuropsychiatric Center records for March 18, 2014-April 19, 2014, and April 16, 2015 to April 20, 2015
2. Center for Discovery treatment records dated April 7, 2014 through May 12, 2014.
3. Del Almo Hospital March 7, 2015 through March 30, 2015, and February 28, 2018 through March 26, 2018.
4. Discharge Summary from Del Mo Hospital dated March 7, 2015 through March 30, 2018.
- 10-21. IEPs for Emily from Clark County School District, Multidisciplinary Team Reports, West Orange County IEPs and Multidisciplinary Psych-Educational Assessment Report, West Orange County Consortium for Special Education Social-Emotional Assessment Report

III. Emily's medical records from my office, which as noted includes collaboration with various treating therapists, starting with the therapist who referred Emily in 2016, including Dr. Curt Rouanzoin, and Dr. Roger Boehm, as well as collateral information from Emily's mother and grandmother.

ER 001457

Exhibits 1-30

DOCUMENT	BATES NUMBER:
UCIMC Neuropsychiatric Center 1) Dated 3/18/2014 – 04/91/2014 inpatient and 2) Dated 4/16/2015 – 4/20/2015	PL 000001 - 000175
Center for Discovery Dated 4/07/2014 – 05/12/2014	PL 000176 - 000190
Del Almo Hospital 3/07/2015 – 3/30/2015	PL 000191 - 000215
“Discharge Summary” from Del Amo Dated 3/7/15---3/30/15	ER001142 - ER001144
“Discharge Summary” and Medical Record from UBH Denton, Texas Dated 2/3/18---2/28/18	ER001079 - ER001132
“Discharge Summary” and Medical Record from Del Amo Dated 2/28/18—3/26/18	ER001137 - ER001186
SSI letter Dated 10/04/19	
Capacity Declaration	ER000011 - ER000014
Letters of Conservatorship	ER000004 - ER000006
Clark County School District IEP for ER	ER001288 - ER001305
Clark County School District IEP for ER	ER001306
Clark County School District IEP for ER	ER001316
Clark County School District IEP Statement of Eligibility for ER	ER001327 - ER001329
Clark County School District IEP for ER	ER001330
Clark County School District IEP Multidisciplinary Evaluation Team Report for ER	ER001345 - ER001351
West Orange County SELPA IEP for ER	ER001353 - ER001364
West Orange County SELPA IEP for ER	ER001366 - ER001367
West Orange County Consortium for Special Education Multidisciplinary Psycho-Educational assessment report	ER001379 - ER001392
West Orange County Consortium for Special Education Social - Emotional assessment report	ER001393 - ER001410
West Orange County SELPA IEP for ER	ER001411 - ER001431
West Orange County SELPA IEP for ER	ER001432 - ER001433
Curator’s Recap of events leading up to, during, and after the suicide attempt Emily made in Georgia 2019	
Suicide Letter Emily wrote, given to Alesia by school psychologist Tiffany Doe in high school	

ER 001458

Documents showing Alecia Drapers FMLA while employed at Gelson's Market	
Register of Actions Case No. C-15-308820-1-State of Nevada vs Allen Gorry	
Police statement given by ER Dated 04/14/2014	
Letter from Jay Meeks, LMSW ER therapist at Pasadena Villa	
Roger Boehm Diagnosis and Therapy notes from 4/19/18-present	
Amen Clinic brain testing reports for ER and Records 3/23/2016-until present	
Annotated version of Nevada Revised Statue 125B.110	

ER 001459

Dissociative disorders are characterized by an involuntary escape from reality characterized by a disconnection between thoughts, identity, consciousness and memory. Dissociative disorders usually first develop as a response to a traumatic event to keep those memories under control. Stressful situations can worsen symptoms and cause problems with functioning in everyday activities. However, the symptoms a person experiences will depend on the type of dissociative disorder they are experiencing.

The total population of people with dissociative disorders is estimated at 2%, with women being more likely than men to be diagnosed. Almost half of adults in the United States experience at least one depersonalization/derealization episode in their lives, with only 2% meeting the full criteria for chronic episodes.

Symptoms

Symptoms and signs of dissociative disorders include:

- Significant memory loss of specific times, people and events
- Out-of-body experiences
- Depression, anxiety and/or thoughts of suicide
- A sense of detachment from your emotions or emotional numbness
- A lack of a sense of self-identity

There are three types of dissociative disorders defined in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM):

Dissociative amnesia. The main symptom is difficulty remembering important information about one's self. Dissociative amnesia may surround a particular event, such as combat or abuse, or more rarely, information about identity and life history. The onset for an amnesic episode is usually sudden, and an episode can last minutes, hours, days, or, rarely, months or years. There is no average for age onset or percentage, and a person may experience multiple episodes throughout her life.

Depersonalization disorder. This disorder involves ongoing feelings of detachment from actions, feelings, thoughts and sensations as if they are watching a movie (depersonalization). Sometimes other people and things may feel like people and things in the world around them are unreal (derealization). A person may experience depersonalization, derealization or both.

Symptoms can last just a matter of moments or return at times over the years. The average onset age is 16, although depersonalization episodes can start anywhere from early to mid-childhood. Less than 20% of people with this disorder start experiencing episodes after the age of 20.

Dissociative identity disorder. Formerly known as multiple personality disorder, this disorder is characterized by alternating between multiple identities. A person may feel like one or more voices are trying to take control in their head. Often these identities may have unique names, characteristics, mannerisms and voices.

ER 001460

People with DID will experience gaps in memory of every day events, personal information and trauma. Onset for the full disorder at can happen at any age, but it is more likely to occur in people who have experienced severe, ongoing trauma before the age of 5.

Women are more likely to be diagnosed, as they more frequently present with acute dissociative symptoms. Men are more likely to deny symptoms and trauma histories, and commonly exhibit more violent behavior, rather than amnesia or fugue states. This can lead to elevated false negative diagnosis.

Causes

Dissociative disorders usually develop as a way of dealing with trauma. Dissociative disorders most often form in children exposed to long-term physical, sexual or emotional abuse. Natural disasters and combat can also cause dissociative disorders.

Diagnosis

Doctors diagnose dissociative disorders based on a review of symptoms and personal history. A doctor may perform tests to rule out physical conditions that can cause symptoms such as memory loss and a sense of unreality (for example, head injury, brain lesions or tumors, sleep deprivation or intoxication). If physical causes are ruled out, a mental health specialist is often consulted to make an evaluation.

Treatment

Dissociative disorders are managed through various therapies including:

- **Psychotherapies** such as cognitive behavioral therapy (CBT) and dialectical behavioral therapy (DBT)
- **Eye movement desensitization and reprocessing (EMDR)**
- **Medications** such as antidepressants can treat symptoms of related conditions

The goals of treatment for dissociative disorders are to help the patient safely recall and process painful memories, develop coping skills, and, in the case of dissociative identity disorder, to integrate the different identities into one functional person. There is no drug that deals directly with treating dissociation itself. Rather, medications are used to combat additional symptoms that commonly occur with dissociative disorders.

See more at: <http://www.nami.org/Learn-More/Mental-Health-Conditions/Dissociative-Disorders>

Updated March 2015

NAMI
3803 N. Fairfax Drive, Suite 100
Arlington, VA 22203
www.nami.org
NAMI Helpline: 800-950-NAMI (6264)
NAMI | nami@nami.org | nami.org

ER 001461



Jennifer Love Farrell, M.D., FASAM

Diplomate, American Board of Psychiatry and Neurology

Diplomate, American Board of Addiction Medicine

Board Certified in Psychiatry, Addiction Psychiatry and Addiction Medicine

Office: (949) 266-3700

Employment

August 2010-present Psychiatrist and Addiction Medicine Specialist, Newport Beach
August 2008-2010 Associate Physician, Kaiser Permanente Department of Psychiatry and Addiction Medicine, Chemical Dependency Rehabilitation Program
2007-2008 Helped open the PATH (Perinatal Addiction Treatment of Hawaii) Clinic, featuring comprehensive services to pregnant substance abusers (OB/Gyn care, Addiction Medicine, Parenting Classes, Social Services)
2006-2008 Clinical Faculty, Department of Psychiatry, University of Hawaii John A. Burns School of Medicine
2003 Adjunct Faculty, Department of Biology, College of San Mateo
1999 Lab Assistant, Department of Anatomy, LLU School of Dentistry
1999 Physical Diagnosis Course Lab Instructor, LLU School of Medicine
1996-1997 Adjunct Professor, Department of Biology, PLNU
1994-1996 Supplemental Instructor for various university courses: nursing chemistry, general chemistry, organic chemistry, biology

Education

2007-2008 Addiction Psychiatry Fellow, University of Hawaii
2006-2007 Chief Resident, University of Hawaii Department of Psychiatry
2003-2006 Resident Physician, University of Hawaii Department of Psychiatry
1997-2002 Loma Linda University (LLU) School of Medicine
Loma Linda, CA. M.D.
1993-1996 Point Loma Nazarene University (PLNU)
BA in Biology-Chemistry, Summa Cum Laude
1991-1993 West Valley College

Publications

2006 and 2008 "Collaboration Between Psychiatrists and Clergy: Are Clergy Equipped to Recognize and Treat Serious Mental Illness?"
Academic publication distributed in Beijing, China, and an additional paper with different content (same title) in *Psychiatric Services*



- 2005 "Suspension and Other Sanctions Imposed on an Arizona State Prosecutor Who Showed Disrespect for and Prejudice Against Mental Health Experts During Trial" in *Journal of the American Academy of Psychiatry and the Law*

Awards

- 2007 Outstanding Research Award, University of Hawaii Department of Psychiatry
- 2005 Nominated for a national leadership award with the Association of Women in Psychiatry

Key Presentations

- May 2008 Hawaii Addictions Conference: "Effects of Commonly Used Substances on Fertility and Pregnancy, and Treatment Recommendations."
- April 2008 Hawaiian Island Ministries Conference (roughly 5,000 register for this annual conference): "Mood Makeover"
- November 2007 Hawaii Society of Addiction Medicine Annual Meeting: "The Influence of Gender in Presentation and Treatment of Substance Use Disorders."
- September 2007 Cultural Psychiatry Joint Meeting of the Society for the Study of Psychiatry and Culture, the Transcultural Psychiatry Section of the World Psychiatry Association, and the World Association of Cultural Psychiatry, in Stockholm, Sweden: "Suicide Attempt of a Non-Depressed Japanese Man."
- March 2007 Hawaiian Island Ministries Conference:
"Beyond Blue: The Facts and Myths of Women and Depression"
"Prayer Plus: A Practical Guide for Ministering to the Mentally Ill"
- September 2006 World Association of Cultural Psychiatry Congress 2006 in Beijing, China, on above publication and the American trend of use of clergy as primary mental health care providers

Research

- 2007-2008 Ongoing clinical trials with the Pacific Addictions Research Clinic: Double-blind placebo controlled study of modafinil for methamphetamine dependence
- 2005-2007 A Study of Collaboration Between Clergy and Mental Health Professionals in Hawaii
- 1994-1996 Recipient of numerous scholarships and endowments for research in both organic chemistry and microbiology
Bromination studies of assorted hydrocarbons, and analysis of gene expression at various stages of embryonic development in zebrafish



Leadership

2009	Consult work with Dr. Mohammed Waheed Hassan Manik, former President of the Maldives
2006-2008	Psychiatric consultant to the Hawaii State Faith-Based Suicide Prevention Task Force
2006-2007	Educational Training Committee, General Psychiatry Residency Training Program, University of Hawaii
2004-2005	President of the Hawaii Psychiatry Residency Organization (HPRO)
2001	Volunteer Mentor, National Youth Leadership Forum
2000-2001	Board of Directors, San Bernardino County Medical Society
1998-2001	Tutor for the Dean's Office, LLU School of Medicine
1999-2001	Student Senate, LLU School of Medicine
1999-2001	Legislation Commission, San Bernardino County Medical Society
1999-2000	President of American Medical Association, LLU chapter

Societies

2010	American Society of Addiction Medicine
2010	American Academy of Addiction Psychiatry
2010	International Society of Addiction Medicine
2003-present	American Psychiatric Association
1997-present	American Medical Association
1999-2003	American Medical Political Action Committee
1997-2003	California Medical Association
1997-2002	San Bernardino County Medical Society

Community Service

2005-2008	Mental health education courses for churches and community groups with a high volume of mentally ill participants
1998-2000	Program Coordinator of S.T.A.T.S. (Students Teaching AIDS to Students)
1995-1996	Educational Programs Committee, PLNU
1994-1995	AIDS Hospice Outreach Program
1993	Medical volunteer work in the West Indies

Called as an Expert Witness in Civil Court January 2015 Cooper v Extraordinary Home Care, Inc.

Called as an Expert Witness in Civil Court April 2015 Seitz v Young Silene



Statement of Costs – Therapy

RE: Emily Reed
DOB: 11/16/1996

Dr. Jennifer Love has provided 46 treatment sessions to Emily Reed beginning with her comprehensive Full Evaluation which commenced on 3/23/2016 and was completed on 4/1/2016.

Emily maintains the following diagnosis:

- F43.12 - Post-traumatic stress disorder, chronic
- F44.89 - Other dissociative and conversion disorders
- F33.2 - Major depressive disorder, recurrent severe without psychotic features was added to her diagnostic profile as of 08/09/2017

Subsequent therapy appointments began on 4/29/2016 through present. The following is a comprehensive list of dates of service, type of service, length of appointments, and costs incurred for those therapeutic visits that have been covered by Emily's mother, Alecia Draper:

DATE	SERVICE TYPE	APT LENGTH	COST
3/23-4/1/2016	Full Comprehensive Evaluation	multiple sessions	\$3050.00
4/29/2016	Therapy	30 min	\$200.00
5/27/2016	Therapy	30 min	\$200.00
6/24/2016	Therapy	30 min	\$200.00
7/22/2016	Therapy	30 min	\$200.00
8/23/2016	Therapy	30 min	\$200.00
9/22/2016	Therapy	30 min	\$200.00
11/15/2016	Therapy	30 min	\$200.00
12/16/2016	Therapy	30 min	\$200.00
1/23/2017	Therapy	30 min	\$200.00
3/24/2017	Therapy	30 min	\$200.00
4/14/2017	Therapy	30 min	\$200.00
4/27/2017	Therapy	30 min	\$200.00
5/12/2017	Therapy	30 min	\$200.00
5/26/2017	Therapy	30 min	\$200.00
6/9/2017	Therapy	30 min	\$200.00
7/7/2017	Therapy	30 min	\$200.00
8/4/2017	Therapy	30 min	\$200.00
8/25/2017	Therapy	30 min	\$200.00
9/22/2017	Therapy	30 min	\$200.00
11/20/2017	Therapy	30 min	\$200.00
12/21/2017	Therapy	30 min	\$200.00
12/27/2017	Therapy	30 min	\$200.00
1/3/2018	Therapy	30 min	\$200.00
1/24/2018	Therapy	30 min	\$200.00
1/29/2018	Therapy	30 min	\$200.00

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DATE	SERVICE TYPE	APT LENGTH	COST
4/20/2018	Therapy	30 min	\$200.00
6/4/2018	Therapy	30 min	\$200.00
7/2/2018	Therapy	30 min	\$200.00
7/31/2018	Therapy	30 min	\$200.00
8/27/2018	Therapy	30 min	\$200.00
10/2/2018	Therapy	30 min	\$200.00
11/6/2018	Therapy	30 min	\$200.00
12/6/2018	Therapy	30 min	\$200.00
1/14/2019	Therapy	30 min	\$200.00
2/18/2019	Therapy	30 min	\$200.00
3/20/2019	Therapy	30 min	\$200.00
4/23/2019	Therapy	30 min	\$200.00
5/22/2019	Therapy	30 min	\$200.00
6/17/2019	Therapy	30 min	\$200.00
7/15/2019	Therapy	30 min	\$200.00
8/12/2019	Therapy	30 min	\$200.00
8/29/2019	Therapy	30 min	\$200.00
8/30/2019	Therapy	30 min	\$200.00
11/18/2019	Therapy	30 min	\$200.00
11/22/2019	Therapy	30 min	\$200.00
Total Cost of Therapeutic Visits:			\$12,050.00



Statement of Costs – Non-Therapeutic Services

RE: Emily Reed
DOB: 11/16/1996

The following is a comprehensive list of dates of service, type of service, length of service, and costs incurred for those non-therapeutic visits that have been covered by Emily's mother, Alecia Draper and provided by Dr. Jennifer Love:

DATE	SERVICE TYPE	APT LENGTH	COST
7/13/2017	Letter Writing	60 min	\$400.00
7/13/2017	Letter Writing	30 min	\$200.00
10/29/2019	Letter Writing	60 min	\$400.00
10/30/2019	Letter Writing	60 min	\$400.00
10/31/2019	Letter Writing	30 min	\$200.00
11/1/2019	Letter Writing	60 min	\$400.00
11/1/2019	Letter Writing	60 min	\$400.00
11/18/2019	Letter Writing	30 min	\$200.00
11/21/2019	Letter Writing	60 min	\$400.00
11/21/2019	Letter Writing	60 min	\$400.00
11/21/2019	Letter Writing	30 min	\$200.00
Total Cost of Non-Therapeutic Visits			\$3,600.00

EXHIBIT 14

EXHIBIT 14

EXHIBIT 14



Supplemental Report to the Report Submitted in July 2017

RE: Ms. Emily Reed
DOB: 11/16/1996

To whom it may concern:

November 21, 2019

I have been asked to provide an expert opinion as to whether Ms. Reed (Emily): meets the requirements for disability under Nevada statute prior to age 18, whether she continues to be disabled, whether it is likely her disability will continue in the future, and whether it is medically appropriate for her to testify in this court case.

In forming my opinion on the first matter, whether Emily could reasonably be considered disabled prior to the age of 18 per Nevada Revised Statute 125B.110, I have reviewed extensive records provided by Emily's mother dating back to 2008 (when she was in fifth grade), including IEPs and team reports (Exhibits 10-21), as well as the records from her first psychiatric hospitalization and the treatments that followed (Exhibits 1-4). Notably, in the Multidisciplinary Psycho-Educational Assessment Report of September 2013 (Exhibit 18; Emily was age 16 years 9 months), the first mention of "clinically significant anxiety, atypicality, withdrawal and functional communication" is reported.

Approximately six months later, at age 17, Emily was first brought to the emergency room after an episode in school in which she was crying in class, laying on the floor in the fetal position, saying she wanted to die. She was admitted to the psychiatric hospital adolescent unit for three weeks. These medical records document behavior changes starting in 2007. According to the hospital medical record Emily had auditory hallucinations, self-injurious behavior, regressed behavior. She disclosed sexual abuse by her father's roommate of eleven years' duration, and the doctor documents "prolonged abuse, decline in social and academic function," and she was placed on five psychotropic medications. Her diagnoses at that time were Major Depressive Disorder, Chronic Post Traumatic Stress Disorder, and Social Anxiety Disorder.

Emily was not stable enough to go home after the three weeks in the hospital, so she was sent to the Center for Discovery (Exhibit 2) for 35 days. Her medical record states she was not discharged by physician recommendation, but because insurance denied further coverage. The medical record from Center for Discovery documents "depression off and on for several years."

In the Social-Emotional Assessment done when Emily was 17 (Exhibit 19), the school psychologist determined Emily met criteria for eligibility as a student with an emotional disturbance. This is summarized clearly on page 17 of this document. "Emily has an emotional condition, Post-Traumatic Stress Disorder, which has occurred for years, and especially exacerbated in the school setting in the past six or so months." In October 2014, Emotional Disturbance became the primary disability for her IEP (Exhibit 20).

ER 001450
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ROA1581



It is my professional medical opinion, based on review of Emily's medical records, particularly of her hospitalization at UCIMC Neuropsychiatric Center March-April 2014 and at Center for Discovery April-May 2014, as well as the school psychologist's report, that Emily was clearly disabled prior to age 18. Her medical records at that time document *chronic* post traumatic stress disorder, *recurrent* depression, suicide attempts and self-injurious behavior resulting in months of hospitalization and treatment beginning when Emily was a minor, which in my opinion rendered her unable to engage in any substantial gainful activity and which has lasted much longer than 12 months.

The second question is whether Emily continues to be disabled.

In March 2015, when Emily was 18 but still in high school, she was admitted to Del Amo hospital (Exhibit 3) on a 5150 hold (California statute of involuntary hospitalization) "following a suicide attempt in response to auditory hallucinations occurring the presence of profound and continued sexual abuse with significant levels of posttraumatic stress symptomatology."

In April 2015 Emily was again hospitalized at UCIMC (Exhibit 1). Per the hospital record Emily was "in the middle of the street rolling around on the ground in the fetal position for 35 minutes...she continued to scream in the middle of the street for the entire 35 minutes she was rolling around on the ground."

Emily came under my care in March 2016, and her treatment course with me between March 2016 and July 2017 is summarized in the July 2017 letter. A summary of Emily's medical record since July 2017 provides support for my opinion as to whether she continues to be disabled. The notes in their entirety can be made available for review at the court's discretion, however it would be essential these notes not be part of any public record for the sake of Emily's privacy. Since the date of the first letter, I have seen Emily for twenty-six (to the best of my knowledge) appointments with minimum duration of 30 minutes each session.

August 4, 2017: Very depressed, crying three to four times daily. Mom has to sleep with her and she doesn't want to take medication. Going to a NAMI anxiety group, volunteering with horses, in therapy with Dr. Rouanzoin. Mom found a bottle of bleach and called Dr. Rouanzoin and discussed whether Emily should go to the hospital. (They decided not to send her.) Made medication changes and referred Emily to an intensive outpatient program (IOP).

August 25, 2017: Is eating more; mom is still having to sleep with her, but Emily seems "bright" with the new medication.



September 22, 2017: Is dissociating; mom is having to push her to take a shower. Tried an online class and couldn't tolerate it. Low motivation, needs constant redirection. Big step for her to take medications and eat meals without prompting recently.

October 13, 2017: 5150 hospitalization at St. Joseph in Orange, CA due to having a breakdown after a group at the IOP.

November 20, 2017: Discussed admission to the hospital in October from the IOP. She was on a "one to one" with staff for suicidal ideation at the IOP. After hospitalization stopped the NAMI anxiety group and volunteering with horses. Discussed conservatorship since she is unable to do her own finances, work, bathe regularly, and needs 24/7 supervision. Discussed longer-term residential treatment.

December 21, 2017: Emily is detached in session. Had to add an extra 20 minutes to the session because she is so unstable. Discussed a higher level of care might be needed on a longer-term basis. Suicidal and homicidal ideation discussed, but she does not meet criteria for a 5150 involuntary hospitalization today.

December 27, 2017: Depressed, anxious, with suicidal and homicidal thoughts, but doesn't meet criteria for involuntary hospitalization today. Did some therapeutic grounding techniques in session.

January 3, 2018: Still seeing Dr. Rouanzoin weekly. Quiet, not participating in our session. Did some more grounding techniques with her today. Recommend follow up in one or two weeks, but Emily says she wants to come back in three weeks.

January 24, 2018: Emily expresses paranoid ideation of being watched. She still requires near-constant supervision by family at home. Mom is still trying to get her into a long-term residential program. Mom is still having to dispense medications to Emily.

February 20, 2018: Missed appointment. Found out about hospitalization

February 2018: Emily was hospitalized in Texas, then transferred to Del Amo Hospital from February 28 through March 26, 2018. Per the Del Amo medical record (Exhibit 3), Emily was "admitted on...an emergent basis for treatment of profound loss of



psychosocial functioning hallmarked by severe levels of depression with active suicidal and self-harming behavior.”

April 20, 2018: Discussed the hospitalizations, regressed and dangerous behavior; per mom Emily drank the blue chemical from an ice pack and had to go to the ER. Ten alters emerged, she was suicidal, eating crayons. She made a suicide attempt while at Del Amo. The hospital added four other medications which Emily stopped when she left. She was unable to provide any information herself during this session. Is now transferring therapy from Dr. Rouanzoin to Dr. Rogers in GA. I requested a follow up in three weeks; they could not afford to come back for six weeks.

June 4, 2018: Emily likes the therapist in GA. Says sometimes talking to her dad triggers alters. She made a chart of her alters. Spends most of her time as Hidi, who is seven years old and doesn't like dogs or to take medication. I had to prescribe a form of Lamictal that could dissolve in Emily's mouth in case Hidi wouldn't take the prescribed medication in its tablet form.

July 2, 2018: Emily has been inconsistent with medications, is overwhelmed, having suicidal ideation the past few weeks.

July 31, 2018: Emily says she had a meltdown at airport security. “I started to scream and cry on the floor and my mom and dog helped me through it.”

August 27, 2018: Ongoing frequent suicidal ideation reported. Emily is very distant, not communicating much in session today.

October 2, 2018: “Patient hasn't had an episode for about a week....Last week's episode had her on the floor crying and mute, only groaning but no words—mom and brother moved her to the couch and they used a weighted blanket and had the dog lay on her and after about fifteen minutes she woke up and didn't remember the episode.” Emily is going to her step dad's office once weekly to file—they are trying to get her out of the house a little. She brought her dog to a retirement home. Ongoing dissociation reported. Will be starting a new therapy program online for 16 weeks to work on independence, independent thinking and healthy boundaries.

ER 001453



November 6, 2018: Emily can't handle the homework for the online therapy program so is just listening in. Started a rowing class and is filing at the step dad's office one day a week. One major breakdown reported, moaning, foaming at the mouth lasting six minutes. Anxiety is higher, so stopped volunteering with her dog, isn't driving much. Told her mom one alter took 15 pills [MD not notified at the time]. For six hours one night Emily reportedly only said the word "banana." Meds to be placed in a lockbox, discussed what to do if she ever takes pills again [ER, 9-1-1, hospital, call me, etc.].

December 6, 2018: Reports no suicidal ideation the past month; when asked whether she had any episodes says, "I don't know." Stopped her online therapy class because it was too overwhelming. She sounds more stable today than at past visits.

January 14, 2019: Emily is back to needing supervision to take her medication. She is still rowing, but has been unable to go to step-dad's office to help one day a week. Went to her rowing team potluck—was yelling at home before. Had labs, physical exam with primary care physician, but was unable to do the PAP smear/GYN exam. Noted to be minimally functional. Suicidal ideation less intense. Isolating at home, not participating in day-to-day life. Referred for TMS (Transcranial Magnetic Stimulation).

February 2, 2019: Emily is sad. Discussed the episode when Emily (as an alter) took her clothes off and went into the pool. She scratched her hands to raw/bleeding during a therapy session.

March 20, 2019: Emily reports suicidal ideation. Overall functioning and quality of life is noted to be well below peers.

April 23, 2019: Reports she had a new male rowing coach and vomited after rowing. Reports a lot of switching of alters.

May 22, 2019: Emily disclosed she stopped her nighttime meds one or two months prior. She has been crying herself to sleep. Changed medication to extended release to allow for once daily dosing.

June 17, 2019: Emily is very depressed. Attacked mom. Discussed hospitalization. Alters came out in session.

ER 001454



July 15, 2019: This was reportedly a better month, with only three days of crying and emotional lability.

August 8, 2019: Received call from Emily's mom re: a suicide crisis.

August 12, 2019: Emily says she is sad she has to live. She is more sad than usual. Emily admits she's thought about ending her life. When asked about a plan there is a long silence. "If I had a gun right here I'd use it, its so strong. But I don't know if I'm capable." Discussed hospitalization, but then she blurted out, "Fine, I'm not going to hurt myself." She doesn't meet criteria for an involuntary hold. She is planning to go to GA for an in-person intensive therapy session. Mom agrees to keep me updated twice weekly.

August 2019: While in GA for her therapy intensive Emily overdosed and was hospitalized. Mom worked frantically to find a long-term treatment facility for Emily, and she was finally admitted to a program in TN, where she remains at the time of this letter's writing.

In reviewing my notes from Emily's sessions, she is a young woman who suffers from **Major Depressive Disorder, Recurrent, Severe without Psychosis; Chronic Post Traumatic Stress Disorder**, who is frequently—even regularly—suicidal. In the course of her treatment for her dissociation, it was discovered she meets diagnostic criteria for **Dissociative Identity Disorder**, which is characterized by two or more distinct personality states causing marked discontinuity in sense of self and sense of agency, accompanied by related alterations in affect, behavior, consciousness, memory, perception, cognition and/or sensory-motor functioning. It is further characterized by recurrent gaps in the recall of everyday events, important personal information, and/or traumatic events that are inconsistent with ordinary forgetting. The symptoms cause clinically significant distress or impairment in social, occupation, or other important areas of functioning. The National Alliance on Mental Illness (NAMI) has a helpful, easy-to-read fact sheet on Dissociative Disorders, which is included as an attachment to this letter for reference.

Per the **Nevada Revised Statutes Annotated 125B.110.**, the definition of handicap is "an inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve months." It is clear by review of her medical record, Emily has not been able to engage in any substantial gainful activity in the twenty-seven months since the date of my first letter to the court, due to the chronicity and severity of her psychiatric diagnoses listed above.

ER 001455
Amen Clinics Southern California | 1150 Bristol Street, Suite 400 | Costa Mesa, CA 92626 | P 949-266-3700 | F 949-266-3750
www.amenclinics.com | Atlanta | Chicago | New York | Northern California | Northwest | Washington, D.C.



It is my professional medical opinion Emily continues to be disabled by her mental illness, and I do not, unfortunately, note any periods of clinically significant improvement or non-existent symptoms in the years she has been under my care. It is also my professional medical opinion her disability will continue into the foreseeable future.

It is also my professional medical opinion that testifying in this trial would be imminently dangerous for Emily. Throughout her medical and hospital records, mention of an upcoming court hearing frequently leads to suicidal ideation, decompensation, and even hospitalization.

My opinions given herein reflect my understanding of the Nevada Revised Statutes Annotated 125B.110, review of the available medical records, my own treatment of Emily (with conversations with Emily's mother and grandmother documented in the medical record for collateral information), consultation with Emily's therapists over the years, and based on my expertise in the field of psychiatry.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jennifer Love Farrell, MD'.

Jennifer Love Farrell, MD

Diplomate, American Board of Psychiatry and Neurology

Diplomate, American Board of Addiction Medicine

Board Certified in Psychiatry, Addiction Psychiatry and Addiction Medicine

ATTACHMENTS:

1. List of documents reviewed
2. NAMI (National Alliance on Mental Illness) information on Dissociative Identity Disorder
3. My Curriculum Vitae
4. Statement of costs for completing the letter of July 2017 and current report

List of documents reviewed for expert opinion dated November 21, 2019

I. *Nev. Rev. Stat. Ann. 125B.110* provided by Ms. Brennan.

II. List of documents and medical records, school records provided by Mrs. Draper, listed as **Exhibits 1-30**, with special reference in my letter to the following Exhibits:

1. UCIMC Neuropsychiatric Center records for March 18, 2014-April 19, 2014, and April 16, 2015 to April 20, 2015
2. Center for Discovery treatment records dated April 7, 2014 through May 12, 2014.
3. Del Almo Hospital March 7, 2015 through March 30, 2015, and February 28, 2018 through March 26, 2018.
4. Discharge Summary from Del Mo Hospital dated March 7, 2015 through March 30, 2018.
- 10-21.** IEPs for Emily from Clark County School District, Multidisciplinary Team Reports, West Orange County IEPs and Multidisciplinary Psych-Educational Assessment Report, West Orange County Consortium for Special Education Social-Emotional Assessment Report

III. Emily's medical records from my office, which as noted includes collaboration with various treating therapists, starting with the therapist who referred Emily in 2016, including Dr. Curt Rouanzoin, and Dr. Roger Boehm, as well as collateral information from Emily's mother and grandmother.

ER 001457

Exhibits 1-30

	DOCUMENT	BATES NUMBER:
1	UCIMC Neuropsychiatric Center 1) Dated 3/18/2014 – 04/91/2014 inpatient and 2) Dated 4/16/2015 – 4/20/2015	PL 000001 - 000175
2	Center for Discovery Dated 4/07/2014 – 05/12/2014	PL 000176 - 000190
3	Del Almo Hospital 3/07/2015 – 3/30/2015	PL 000191 - 000215
4	“Discharge Summary” from Del Amo Dated 3/7/15---3/30/15	ER001142 - ER001144
5	“Discharge Summary” and Medical Record from UBH Denton, Texas Dated 2/3/18---2/28/18	ER001079 - ER001132
6	“Discharge Summary” and Medical Record from Del Amo Dated 2/28/18—3/26/18	ER001137 - ER001186
7	SSI letter Dated 10/04/19	
8	Capacity Declaration	ER000011 - ER000014
9	Letters of Conservatorship	ER000004 - ER000006
10	Clark County School District IEP for ER	ER001288 - ER001305
11	Clark County School District IEP for ER	ER001306
12	Clark County School District IEP for ER	ER001316
13	Clark County School District IEP Statement of Eligibility for ER	ER001327 - ER001329
14	Clark County School District IEP for ER	ER001330
15	Clark County School District IEP Multidisciplinary Evaluation Team Report for ER	ER001345 - ER001351
16	West Orange County SELPA IEP for ER	ER001353 - ER001364
17	West Orange County SELPA IEP for ER	ER001366 - ER001367
18	West Orange County Consortium for Special Education Multidisciplinary Psycho-Educational assessment report	ER001379 - ER001392
19	West Orange County Consortium for Special Education Social - Emotional assessment report	ER001393 - ER001410
20	West Orange County SELPA IEP for ER	ER001411 - ER001431
21	West Orange County SELPA IEP for ER	ER001432 - ER001433
22	Curator’s Recap of events leading up to, during, and after the suicide attempt Emily made in Georgia 2019	
23	Suicide Letter Emily wrote, given to Jessica by school psychologist Tiffany Doe in high school	

ER 001458

24	Documents showing Alecia Drapers FMLA while employed at Gelson's Market	
25	Register of Actions Case No. C-15-308820-1-State of Nevada vs Allen Gorry	
26	Police statement given by ER Dated 04/14/2014	
27	Letter from Jay Meeks, LMSW ER therapist at Pasadena Villa	
28	Roger Boehm Diagnosis and Therapy notes from 4/19/18-present	
29	Amen Clinic brain testing reports for ER and Records 3/23/2016-until present	
30	Annotated version of Nevada Revised Statue 125B.110	

ER 001459

Dissociative disorders are characterized by an involuntary escape from reality characterized by a disconnection between thoughts, identity, consciousness and memory. Dissociative disorders usually first develop as a response to a traumatic event to keep those memories under control. Stressful situations can worsen symptoms and cause problems with functioning in everyday activities. However, the symptoms a person experiences will depend on the type of dissociative disorder they are experiencing.

The total population of people with dissociative disorders is estimated at 2%, with women being more likely than men to be diagnosed. Almost half of adults in the United States experience at least one depersonalization/derealization episode in their lives, with only 2% meeting the full criteria for chronic episodes.

Symptoms

Symptoms and signs of dissociative disorders include:

- Significant memory loss of specific times, people and events
- Out-of-body experiences
- Depression, anxiety and/or thoughts of suicide
- A sense of detachment from your emotions or emotional numbness
- A lack of a sense of self-identity

There are three types of dissociative disorders defined in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM):

Dissociative amnesia. The main symptom is difficulty remembering important information about one's self. Dissociative amnesia may surround a particular event, such as combat or abuse, or more rarely, information about identity and life history. The onset for an amnesic episode is usually sudden, and an episode can last minutes, hours, days, or, rarely, months or years. There is no average for age onset or percentage, and a person may experience multiple episodes throughout her life.

Depersonalization disorder. This disorder involves ongoing feelings of detachment from actions, feelings, thoughts and sensations as if they are watching a movie (depersonalization). Sometimes other people and things may feel like people and things in the world around them are unreal (derealization). A person may experience depersonalization, derealization or both.

Symptoms can last just a matter of moments or return at times over the years. The average onset age is 16, although depersonalization episodes can start anywhere from early to mid-childhood. Less than 20% of people with this disorder start experiencing episodes after the age of 20.

Dissociative identity disorder. Formerly known as multiple personality disorder, this disorder is characterized by alternating between multiple identities. A person may feel like one or more voices are trying to take control in their head. Often these identities may have unique names, characteristics, mannerisms and voices.

ER 001460

People with DID will experience gaps in memory of every day events, personal information and trauma. Onset for the full disorder can happen at any age, but it is more likely to occur in people who have experienced severe, ongoing trauma before the age of 5.

Women are more likely to be diagnosed, as they more frequently present with acute dissociative symptoms. Men are more likely to deny symptoms and trauma histories, and commonly exhibit more violent behavior, rather than amnesia or fugue states. This can lead to elevated false negative diagnosis.

Causes

Dissociative disorders usually develop as a way of dealing with trauma. Dissociative disorders most often form in children exposed to long-term physical, sexual or emotional abuse. Natural disasters and combat can also cause dissociative disorders.

Diagnosis

Doctors diagnose dissociative disorders based on a review of symptoms and personal history. A doctor may perform tests to rule out physical conditions that can cause symptoms such as memory loss and a sense of unreality (for example, head injury, brain lesions or tumors, sleep deprivation or intoxication). If physical causes are ruled out, a mental health specialist is often consulted to make an evaluation.

Treatment

Dissociative disorders are managed through various therapies including:

- **Psychotherapies** such as cognitive behavioral therapy (CBT) and dialectical behavioral therapy (DBT)
- **Eye movement desensitization and reprocessing (EMDR)**
- **Medications** such as antidepressants can treat symptoms of related conditions

The goals of treatment for dissociative disorders are to help the patient safely recall and process painful memories, develop coping skills, and, in the case of dissociative identity disorder, to integrate the different identities into one functional person. There is no drug that deals directly with treating dissociation itself. Rather, medications are used to combat additional symptoms that commonly occur with dissociative disorders.

See more at: <http://www.nami.org/Learn-More/Mental-Health-Conditions/Dissociative-Disorders>

Updated March 2015

NAMI
3803 N. Fairfax Drive, Suite 100
Arlington, VA 22203
www.nami.org
NAMI Helpline: 800-950-NAMI (6264)
NAMI | www.namiconnnect.org



Jennifer Love Farrell, M.D., FASAM

Diplomate, American Board of Psychiatry and Neurology

Diplomate, American Board of Addiction Medicine

Board Certified in Psychiatry, Addiction Psychiatry and Addiction Medicine

Office: (949) 266-3700

Employment

August 2010-present Psychiatrist and Addiction Medicine Specialist, Newport Beach
August 2008-2010 Associate Physician, Kaiser Permanente Department of Psychiatry and Addiction Medicine, Chemical Dependency Rehabilitation Program

2007-2008 Helped open the PATH (Perinatal Addiction Treatment of Hawaii) Clinic, featuring comprehensive services to pregnant substance abusers (OB/Gyn care, Addiction Medicine, Parenting Classes, Social Services)

2006-2008 Clinical Faculty, Department of Psychiatry, University of Hawaii John A. Burns School of Medicine

2003 Adjunct Faculty, Department of Biology, College of San Mateo
1999 Lab Assistant, Department of Anatomy, LLU School of Dentistry
1999 Physical Diagnosis Course Lab Instructor, LLU School of Medicine
1996-1997 Adjunct Professor, Department of Biology, PLNU
1994-1996 Supplemental Instructor for various university courses: nursing chemistry, general chemistry, organic chemistry, biology

Education

2007-2008 Addiction Psychiatry Fellow, University of Hawaii
2006-2007 Chief Resident, University of Hawaii Department of Psychiatry
2003-2006 Resident Physician, University of Hawaii Department of Psychiatry
1997-2002 Loma Linda University (LLU) School of Medicine
Loma Linda, CA. M.D.
1993-1996 Point Loma Nazarene University (PLNU)
BA in Biology-Chemistry, Summa Cum Laude
1991-1993 West Valley College

Publications

2006 and 2008 "Collaboration Between Psychiatrists and Clergy: Are Clergy Equipped to Recognize and Treat Serious Mental Illness?"
Academic publication distributed in Beijing, China, and an additional paper with different content (same title) in *Psychiatric Services*



- 2005 "Suspension and Other Sanctions Imposed on an Arizona State Prosecutor Who Showed Disrespect for and Prejudice Against Mental Health Experts During Trial" in *Journal of the American Academy of Psychiatry and the Law*

Awards

- 2007 Outstanding Research Award, University of Hawaii Department of Psychiatry
- 2005 Nominated for a national leadership award with the Association of Women in Psychiatry

Key Presentations

- May 2008 Hawaii Addictions Conference: "Effects of Commonly Used Substances on Fertility and Pregnancy, and Treatment Recommendations."
- April 2008 Hawaiian Island Ministries Conference (roughly 5,000 register for this annual conference): "Mood Makeover"
- November 2007 Hawaii Society of Addiction Medicine Annual Meeting: "The Influence of Gender in Presentation and Treatment of Substance Use Disorders."
- September 2007 Cultural Psychiatry Joint Meeting of the Society for the Study of Psychiatry and Culture, the Transcultural Psychiatry Section of the World Psychiatry Association, and the World Association of Cultural Psychiatry, in Stockholm, Sweden: "Suicide Attempt of a Non-Depressed Japanese Man."
- March 2007 Hawaiian Island Ministries Conference:
"Beyond Blue: The Facts and Myths of Women and Depression"
"Prayer Plus: A Practical Guide for Ministering to the Mentally Ill"
- September 2006 World Association of Cultural Psychiatry Congress 2006 in Beijing, China, on above publication and the American trend of use of clergy as primary mental health care providers

Research

- 2007-2008 Ongoing clinical trials with the Pacific Addictions Research Clinic: Double-blind placebo controlled study of modafinil for methamphetamine dependence
- 2005-2007 A Study of Collaboration Between Clergy and Mental Health Professionals in Hawaii
- 1994-1996 Recipient of numerous scholarships and endowments for research in both organic chemistry and microbiology
Bromination studies of assorted hydrocarbons, and analysis of gene expression at various stages of embryonic development in zebrafish



Leadership

2009	Consult work with Dr. Mohammed Waheed Hassan Manik, former President of the Maldives
2006-2008	Psychiatric consultant to the Hawaii State Faith-Based Suicide Prevention Task Force
2006-2007	Educational Training Committee, General Psychiatry Residency Training Program, University of Hawaii
2004-2005	President of the Hawaii Psychiatry Residency Organization (HPRO)
2001	Volunteer Mentor, National Youth Leadership Forum
2000-2001	Board of Directors, San Bernardino County Medical Society
1998-2001	Tutor for the Dean's Office, LLU School of Medicine
1999-2001	Student Senate, LLU School of Medicine
1999-2001	Legislation Commission, San Bernardino County Medical Society
1999-2000	President of American Medical Association, LLU chapter

Societies

2010	American Society of Addiction Medicine
2010	American Academy of Addiction Psychiatry
2010	International Society of Addiction Medicine
2003-present	American Psychiatric Association
1997-present	American Medical Association
1999-2003	American Medical Political Action Committee
1997-2003	California Medical Association
1997-2002	San Bernardino County Medical Society

Community Service

2005-2008	Mental health education courses for churches and community groups with a high volume of mentally ill participants
1998-2000	Program Coordinator of S.T.A.T.S. (Students Teaching AIDS to Students)
1995-1996	Educational Programs Committee, PLNU
1994-1995	AIDS Hospice Outreach Program
1993	Medical volunteer work in the West Indies

Called as an Expert Witness in Civil Court January 2015 Cooper v Extraordinary Home Care, Inc.

Called as an Expert Witness in Civil Court April 2015 Seitz v Young Silene



Statement of Costs – Therapy

RE: Emily Reed
DOB: 11/16/1996

Dr. Jennifer Love has provided 46 treatment sessions to Emily Reed beginning with her comprehensive Full Evaluation which commenced on 3/23/2016 and was completed on 4/1/2016.

Emily maintains the following diagnosis:

- F43.12 - Post-traumatic stress disorder, chronic
- F44.89 - Other dissociative and conversion disorders
- F33.2 - Major depressive disorder, recurrent severe without psychotic features was added to her diagnostic profile as of 08/09/2017

Subsequent therapy appointments began on 4/29/2016 through present. The following is a comprehensive list of dates of service, type of service, length of appointments, and costs incurred for those therapeutic visits that have been covered by Emily's mother, Alecia Draper:

DATE	SERVICE TYPE	APT LENGTH	COST
3/23-4/1/2016	Full Comprehensive Evaluation	multiple sessions	\$3050.00
4/29/2016	Therapy	30 min	\$200.00
5/27/2016	Therapy	30 min	\$200.00
6/24/2016	Therapy	30 min	\$200.00
7/22/2016	Therapy	30 min	\$200.00
8/23/2019	Therapy	30 min	\$200.00
9/22/2016	Therapy	30 min	\$200.00
11/15/2019	Therapy	30 min	\$200.00
12/16/2016	Therapy	30 min	\$200.00
1/23/2017	Therapy	30 min	\$200.00
3/24/2017	Therapy	30 min	\$200.00
4/14/2017	Therapy	30 min	\$200.00
4/27/2017	Therapy	30 min	\$200.00
5/12/2017	Therapy	30 min	\$200.00
5/26/2017	Therapy	30 min	\$200.00
6/9/2017	Therapy	30 min	\$200.00
7/7/2017	Therapy	30 min	\$200.00
8/4/2017	Therapy	30 min	\$200.00
8/25/2017	Therapy	30 min	\$200.00
9/22/2017	Therapy	30 min	\$200.00
11/20/2017	Therapy	30 min	\$200.00
12/21/2017	Therapy	30 min	\$200.00
12/27/2017	Therapy	30 min	\$200.00
1/3/2018	Therapy	30 min	\$200.00
1/24/2018	Therapy	30 min	\$200.00
1/29/2018	Therapy	30 min	\$200.00



DATE	SERVICE TYPE	APT LENGTH	COST
4/20/2018	Therapy	30 min	\$200.00
6/4/2018	Therapy	30 min	\$200.00
7/2/2018	Therapy	30 min	\$200.00
7/31/2018	Therapy	30 min	\$200.00
8/27/2018	Therapy	30 min	\$200.00
10/2/2018	Therapy	30 min	\$200.00
11/6/2018	Therapy	30 min	\$200.00
12/6/2018	Therapy	30 min	\$200.00
1/14/2019	Therapy	30 min	\$200.00
2/18/2019	Therapy	30 min	\$200.00
3/20/2019	Therapy	30 min	\$200.00
4/23/2019	Therapy	30 min	\$200.00
5/22/2019	Therapy	30 min	\$200.00
6/17/2019	Therapy	30 min	\$200.00
7/15/2019	Therapy	30 min	\$200.00
8/12/2019	Therapy	30 min	\$200.00
8/29/2019	Therapy	30 min	\$200.00
8/30/2019	Therapy	30 min	\$200.00
11/18/2019	Therapy	30 min	\$200.00
11/22/2019	Therapy	30 min	\$200.00
Total Cost of Therapeutic Visits:			\$12,050.00



Statement of Costs – Non-Theapeutic Services

RE: Emily Reed
DOB: 11/16/1996

The following is a comprehensive list of dates of service, type of service, length of service, and costs incurred for those non-therapeutic visits that have been covered by Emily's mother, Alecia Draper and provided by Dr. Jennifer Love:

DATE	SERVICE TYPE	APT LENGTH	COST
7/13/2017	Letter Writing	60 min	\$400.00
7/13/2017	Letter Writing	30 min	\$200.00
10/29/2019	Letter Writing	60 min	\$400.00
10/30/2019	Letter Writing	60 min	\$400.00
10/31/2019	Letter Writing	30 min	\$200.00
11/1/2019	Letter Writing	60 min	\$400.00
11/1/2019	Letter Writing	60 min	\$400.00
11/18/2019	Letter Writing	30 min	\$200.00
11/21/2019	Letter Writing	60 min	\$400.00
11/21/2019	Letter Writing	60 min	\$400.00
11/21/2019	Letter Writing	30 min	\$200.00
Total Cost of Non-Therapeutic Visits			\$3,600.00

EXHIBIT 15

EXHIBIT 15

EXHIBIT 15

Pasadena Villa Network of Services

Discharge Summary

Demographics

Resident Name: Emily Reed (Case 2)	Date: 11/10/2019
Provider: Timothy Meeks, MSSW	Time: 2:56 PM
MR#: 60763	Date of Original MTP: 10/02/2017
Date of Birth: 11/16/1996	Admit Date: 10/03/2019
Age: 22	Date of Discharge: 11/11/2019

Services Provided

One on one therapy, group therapy, animal assisted therapy, rec therapy, medication management

Type of Discharge

Planned
Unplanned
Administrative
AMA

Reason for Admission

Discharge Diagnosis

Code System	Code	Description
DSM5	F60.7	F60.7 Dependent personality disorder
DSM5	F33.9	F33.9 Major depressive disorder, Recurrent episode, Unspecified
DSM5	F44.89	F44.89 Other specified dissociative disorder
DSM5	F43.10	F43.10 Posttraumatic stress disorder

Explanation of Changes to Diagnosis

Client meets criteria for dependent personality disorder. MTP has been updated to reflect diagnosis.

Master Problem List

Date	#	Problem	EST Completed	Date Resolved
10/29/2019	1	Major Depressive Disorder		
10/29/2019	2	Other Specified Dissociative Disorder		
10/29/2019	3	Posttraumatic Stress Disorder		
10/29/2019	4	Dependent Personality Disorder		

Summary of Progress

Problem #		Long Term/Discharge/Graduation Goals (include resident's words and clinician assessment)
1	Major Depressive Disorder	Emily will report a significant improvement in mood and sense of well-being.;
Client has learned emotional regulation and self soothing skills to deal with negative mood states.		
Problem #		Long Term/Discharge/Graduation Goals (include resident's words and clinician assessment)
2	Other Specified Dissociative Disorder	
Client has learned grounding skills and distress tolerance skills to help sooth through dissociative states.		
Problem #		Long Term/Discharge/Graduation Goals (include resident's words and clinician assessment)

		assessment)
3	Posttraumatic Stress Disorder	Emily will achieve a significant reduction in anxiety symptom's associated with PTSD, (i.e., distress no longer causes clinical impairment).;
Client has learned grounding skills, distress tolerance, and emotional regulation skills to help soothe through symptoms. Client has also begun understanding and challenging negative cognitions related to trauma.		
Problem #		Long Term/Discharge/Graduation Goals (include resident's words and clinician assessment)
4	Dependent Personality Disorder	
Client has demonstrated understanding that dependency is pattern relating to past trauma and has begun to work through independent decision making.		

Strengths and Weaknesses

Strengths	
Needs	
Abilities	
Preferences	

Medication

Psychotropic Medications							
	Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
	Rx	Active	PS	Lamictal ER	Mood	200mg (tablet)	daily
				Start Date: 10/03/2019		Stop Date:	
				Med Notes: #21 sent with resident at discharge			
		Active	PS	PRAZOSIN HYDROCHLORIDE	Nightmares	2mg (capsule)	at bedtime
				Start Date: 10/03/2019		Stop Date:	
				Med Notes: #35 sent with resident at discharge			
		Active	PS	PRISTIQ ER	Mood stability/anxiety	100mg (tablet, extended release)	daily
				Start Date: 10/18/2019		Stop Date:	
				Med Notes: #21 (100mg), #30 (50mg), and #20 (25mg) tabs sent with resident at discharge			
Other Medications							
	Type	Status	PS	Medication	Indication	Dosage (Qty/Form)	Frequency
	OTC	Active		Midol	Cramps	2 tabs (tablet)	every 6 hrs - as needed
				Start Date: 10/03/2019		Stop Date:	
				Med Notes: #19 sent with resident at discharge			
	Rx	Active		HYDROXYZINE PAMOATE	Anxiety	25mg (capsule)	three times daily - as needed
				Start Date: 10/03/2019		Stop Date:	
				Med Notes: #63 sent with resident at discharge			
		Active		GABAPENTIN	Anxiety	300mg (capsule)	twice daily at 8am and 5pm
				Start Date: 10/04/2019		Stop Date:	
				Med Notes: #66 sent with resident at discharge			

Disposition of Medication	Remaining supply of medication sent with resident at time of discharge.
Explanation of Changes	N/A

Discharge Planning

Anticipated Discharge Date	10/24/2019
Living Arrangements	
Education	
Therapy (Specify individual, family or group treatment)	
Discharge Transition Obstacles	

Condition on Discharge

Client is both optimistic about discharge and anxious about what the future holds. There is no indication of SI, HI, or impulses to self harm.

Reason for Discharge

Completed treatment
Exhaustion of personal finances
Against Medical Advice
Against Treatment Advice
Administrative Discharge
Transferred for further treatment
Dropped out of treatment
Exhaustion of insurance finances
Failed treatment for other reasons
Legal issues
Transferred for further treatment/Medical
Transferred for further treatment/Psychiatric
Other

Family/Guardian Participation in Treatment

Mother and grandmother have been involved in treatment.

Critical Events & Interaction

The client was sent to LeConte Medical Center and upon return, demonstrated a greater control over alter presentations and other trauma responses. The observation of alter presentations and trauma responses fell noticeably after hospitalization.

Prognosis

Moderate assuming the client continues treatment for the trauma and for dependent personality disorder.

Recommendations

Client has a follow-up appointment with Dr. Love-Far, her long term psychiatrist, on 11/18/19 at 10:00am. Dr. Love is located at 3150 Bristol St., Suite 400 Costa Mesa, CA 92626, 949 266-3700.

Medical Follow-up

Please follow up with Psychiatrist for medication management. Take your medications exactly as prescribed. Please contact nursing staff if you have any questions or concerns.

[The page contains several paragraphs of extremely faint, mostly illegible text. A large, dark, irregular mark, possibly a tear or a large ink blot, is visible in the upper right quadrant of the page.]

Contact Signatures

--Digitally Signed: 11/11/2019 09:37 am: Emily Reed (Case 2)

Treatment Team Signatures

--Digitally Signed: 11/11/2019 09:37 am Head Nurse Rachel Stewart, RN

Emily Reed

Log / Notes

December 3, 2019 5:50pm



Amen Clinics

Jennifer Love-Farrell, M.D.

Spoke with therapist Shavvonne Walls (potential referral) and she is willing to see Emily. Will email her info to pt with a consent form and have pt schedule.

--Digitally Signed: 12/03/2019 05:53 pm Psychiatrist / Addiction Medicine Specialist Jennifer Love-Farrell, M.D.



Shavvonne Walls, MS, LMFT

949-371-9921

Shavvonne Walls
MS, MA, LMFT, EMDR

Shavvonne Walls Counseling
260 Newport Center Drive Set 206
Newport Beach, CA 92660
949-371-9921
ShavvonneWallsCounseling@gmail.com

Emily Reed
Log / Notes
December 3, 2019 12:34pm



Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed

Encounter/Appointment Duration:

Telephone

30 minutes

DOB: 11/16/1996

Age: 23

Participants in appointment:

Patient and grandmother

Interval History:

Pt is staying with her grandmother. Pt felt very tired and slept a lot for about 10 days, but now is less tired. She had a nightmare last night and woke up. "I was able to work through it." She woke in such fear she "didn't know how to survive." Says prazosin helps decrease nightmares. She asks to make gabapentin prn instead of scheduled. She says things are pretty calm with her grandmother.

Pt's mom's friend has asked pt if she wants to be her surrogate; discussed this. Grandmother says it made pt very excited, and gave her a sense of purpose. Discussed the risks of doing this now; it is not recommended.

Current treatments:

just left Pasadena Villa Smoky Mountain Lodge in TN, where she received residential treatment for three months; resumed therapy with Dr. Roger but is interested in having a local therapist

Current Meds/Supplements:

Pristiq 100mg
lamictal ER 200mg
prazosin 2mg hs
gabapentin 300mg bid
hydroxyzine 25mg prn anxiety (took one last Sat)

Medication/Supplement Side Effects:

none

Medical Issues/Lab Results:

is having all four wisdom teeth removed under sedation; they have discussed pt's meds with the oral surgeon

Mental Status Examination:

Appearance: Unable to assess on telephone	Speech: Normal rate, Volume, Prosody
Mood: "neutral"	Affect: Unable to assess on telephone
Behavior: Unable to assess on telephone	Thought Content: No Suicidal Ideations/Intentions/Plans, No Homicidal Ideations/Intentions/Plans and No evidence of psychotic thought content
Thought Process: Linear	Insight/Judgment: Fair

Diagnoses:

F43.12 - Post-traumatic stress disorder, chronic

F44.81 - Dissociative identity disorder

F33.2 - Major depressive disorder, recurrent severe without psychotic features

F60.7 Dependent personality disorder

Assessment:

Seems to be doing fairly well right now, resting at her grandmother's house.

Plan/Recommendations:

OK to move gabapentin to prn dosing while staying with gm. MD will call to interview two DID/trauma therapists. Pt will be coming home near the end of the month. F/U in one month.

--Digitally Signed: 12/03/2019 12:58 pm Psychiatrist / Addiction Medicine Specialist Jennifer Love-Farrell, M.D.

Emily Reed
Log / Notes
November 18, 2019 9:59am



Amen Clinics
Jennifer Love-Farrell, M.D.

Amen Clinics Physician Progress Note

Patient Name: Emily Reed

Encounter/Appointment Duration:

In Person

30 minutes

DOB: 11/16/1996

Age: 23

Participants in appointment:

Patient, mom and grandmother

Interval History:

Reviewed discharge summary from Pasadena Villa; at one point pt was sent to the hospital but returned 48 hours later. Meds changed as below. Pt feels her depression is better. She is not suicidal. Anxiety level "is fairly normal, manageable." She led one of the groups in the program. She was given dx of dependent personality disorder. She plans to resume therapy with Roger twice weekly.

Pt was crying and panicky going through the airport coming home from PV. It seems they did a lot of DBT with her but didn't work on DID. Mom says pt needs long sessions for work integrating alters, and then DBT grounding after so she leaves safely.

At end of session pt says she has AH of voices always talking and always screaming. This has never come up in prior sessions. "I think they're mostly alters' voices."

Current treatments:

just left Pasadena Villa Smoky Mountain Lodge in TN, where she received residential treatment for three months

Current Meds/Supplements:

Pristiq 100mg
lamictal ER 200mg
prazosin 2mg hs
gabapentin 300mg bid
hydroxyzine 25mg prn anxiety (took one last Sat)

Medication/Supplement Side Effects:

none

Medical Issues/Lab Results:

nothing new reported

Mental Status Examination:

Appearance: Neat and Casual

Speech: sparse, hesitant, slow rate

Mood: "its better"

Affect: Constricted

Behavior: Apathetic

Thought Content: No Suicidal Ideations/Intentions/Plans, and No Homicidal Ideations/Intentions/Plans; has AD

Thought Process: Linear

Insight/Judgment: Fair

Diagnoses:

F43.12 - Post-traumatic stress disorder, chronic

F44.81 - Dissociative identity disorder

F33.2 - Major depressive disorder, recurrent severe without psychotic features

F60.7 Dependent personality disorder

Assessment:

Today seems improved after several months in residential treatment. She offers to "contract for safety."

Plan/Recommendations:

Discussed the importance of a local therapist; MD has two leads to call and interview. F/U in 2 weeks. I will need to discuss with some DID specialists re: AH vs regular part of DID. Pt might benefit from antipsychotic, but she has been on these in the past so will need to review her record.

--Digitally Signed: 11/18/2019 10:38 am Psychiatrist / Addiction Medicine Specialist Jennifer Love-Farrell, M.D.

Emily Reed

Log / Notes
September 24, 2019 4:33pm



Amen Clinics

Hedy Morin

Hedy Morin: 9/24/2019 4:33pm

Reached out to Emily's mother (Alecia) per Dr. Love for an update on current psychiatric hospitalization. Alecia reports that Emily is still hospitalized in TN and no release date has been determined - it may be dependent on insurance coverage. Emily is making "little steps" but progress is moderate. Family has requested that medication recommendations stay close to Dr. Love's dosages and recommended medications. Family is filling RX(s) and shipping to TN for insurance coverage on medication. Alecia will provide new updates as available.

Emily Reed

Log / Notes

September 10, 2019 2:25pm



Amen Clinics

Krystle Meyer

Patient still in Tennessee at Pasadena Villa Smoky Mountain Lodge (Ranch and The Meadows denied her cause shes too acute). Got full insurance coverage. Seems to be doing well. Hoping she will be there for 60 days. Mom will keep us posted on how's she doing.

--Digitally Signed: 09/10/2019 02:43 pm: Clinic Director Krystle Meyer

Emily Reed

Log / Notes

September 4, 2019 9:08am



Amen Clinics

Alex Cameron

had to mail out records to dept. of SS since fax was unsuccessful-AC

--Digitally Signed: 09/04/2019 09:10 am: Patient Care Coordinator Alex Cameron

Emily Reed

Log / Notes

September 4, 2019 8:18am



Amen Clinics

Alex Cameron

Received Records request from Dept. of Social Services 8/20/19
Faxed records and filled out paperwork by MD to: #866-868-2592
Address: V61 CA DDS Sierra
PO BOX 30732
Salt Lake City, UT 84130-9856
DDS case #1695736
Contract #6493521
Service Vendor #J290372

--Digitally Signed: 09/04/2019 08:20 am: Patient Care Coordinator Alex Cameron

Emily Reed

Log / Notes

August 29, 2019 11:04am



Amen Clinics

Jennifer Love-Farrell, M.D.

Spoke with pt's therapist. He says pt is being transferred back to the ER and will be treated and sent to an alternative hospital from there.

He says he has identified 23 alters and believes there are more. He says Emily has suffered ritualistic abuse and believes she is now spiritually being attacked. "When God created us, he made us in body soul and spirit....The battleground is in the soul...She is suffering DID...Biblically its known as brokenheartedness....once we deal with the alters they are ready to integrate, which is what we did on Monday. Spiritually, when severe trauma takes place...you might say the soul kind of peels back...the spirit entity can take root into the victim, which is what happened here." He believes her abusers were so evil, the evil "transferred into Emily's soul. This is not possession; this is control, not ownership. They need to be taken care of and gotten rid of."

Discussed pt's poor QOL and disability--"I respectfully disagree with you on a few things." He believes she has a good prognosis b/c she was smiling and laughing after they integrated some of the alters. "I think she can get through this." He believes she will be able to transition into a conventional life once she is treated. "This is all I do for a living." He doesn't know of any residential programs. He agrees to be in touch moving forward.

Time spent: about 30 minutes

--Digitally Signed: 08/29/2019 11:26 am Psychiatrist / Addiction Medicine Specialist Jennifer Love-Farrell, M.D.

Emily Reed

Log / Notes

August 29, 2019 9:55am



Amen Clinics
Jennifer Love-Farrell, M.D.

Left another vm for pt's therapist Dr. Roger Boehm. Gave him my cell # to call today.

--Digitally Signed: 08/29/2019 09:55 am Psychiatrist / Addiction Medicine Specialist Jennifer Love-Farrell, M.D.

Emily Reed
Log / Notes
August 29, 2019 9:03am



Amen Clinics
Jennifer Love-Farrell, M.D.

Have been in contact with staff re: Emily's hospitalization but didn't have access to Best Notes while traveling for 24 hours.

She was reportedly doing well at her intensive; "alters were merging, so she was pretty worn out." They were going to antique shops after sessions.

Mom got the meds from her mom in AZ and they were placed in a bag. "I didn't think of locking them up; I didn't think she would take the pills." They went to the therapy apt; pt had thrown up that morning and she was drowsy at the therapy meeting. Heidi (the alter) said, "I wasn't there, but someone took pills." Mom sent her mom back to the hotel to check, and all of the bottles were empty. They took her to the ER, who took poison control, and they told mom "the amounts weren't dangerous for her." "She was slurring her words and was really groggy. She was seen by a mental health expert in the ER and was transferred to the psychiatric center to be evaluated by a psychiatrist at 3:30am. Mom wasn't allowed to see her except during visitation yesterday. "She still couldn't walk, and she looked like she had been beaten up. She was vomiting green. Her lips were blistered. She's not eating. She has bumps on her head; they wouldn't put her in restraints." Mom was trying to figure out how pt was transferred there in the middle of the night when she seemed so unstable. Pt's mom and grandmother had to fork feed her a few bitse and few sips of water.

Mom is worried about her safety at that hospital. Mom spoke with the director and wants her removed and taken to another hospital, but can't find one close to where they are.

Spoke with mom over 30 min; she is talking to the medical director this morning. Discussed the lamictal was XR and pt's lamictal level could be rising for several days after her OD, so mom needs to 1) ask the doc if the level is being measured, 2) what are they doing to keep her from self-injurious behavior, 3) are her vital signs stable? 4) does she need to be transferred somewhere where she can receive proper care?

Mom will call back after talking to the director at the hospital.

--Digitally Signed: 08/29/2019 09:49 am Psychiatrist / Addiction Medicine Specialist Jennifer Love-Farrell, M.D.

Emily Reed

Log / Notes

August 29, 2019 8:38am

**Amen Clinics**

Krystle Meyer

Krystle Meyer: 8/29/2019 8:38am

8/27 - Emily's mom called to let us know that Emily took "all" of her medications at once: Olanzipine (17 pills), Lamictal (19) and Pristiq (13). Mom took her to the ER

8/28 at 330 in the morning she was transfered to a psych hospital

8/28 at 7:00PM mom was able to visit and Emily's face was black and blue, elbows raw, she looked like she had been beaten up. She couldnt stand, started vomiting, slurring words. Nurses said that she is just flaring around.

8/29 talked with mom and she is going to meet with the director at 12:30EST to ask for them to release Emily into her care. Mom wants to drive 25 hours and take Emily to Sierra Tucson. I have reached out to Dr Love to see if she can speak with her today.

Emily Reed

Log / Notes

August 23, 2019 2:43pm



Amen Clinics

Krystle Meyer

Krystle Meyer: 8/23/2019 2:43pm

Called in and talked to Miriam

Tanya Curtis: 8/22/2019 3:17pm

Patient's mom called in to let us know Emily will be going out of town early Saturday morning and needs a refill on her Gabapentin 300mg qd prn anxiety. Please call in refill to Wahlgreen's (714) 969-1368.

Emily Reed

Log / Notes

August 8, 2019 3:42pm



Amen Clinics

Jennifer Love-Farrell, M.D.

After talking to Alecia, called pt's therapist Roger and left vm requesting he call me tomorrow on my cell after their appointment.

--Digitally Signed: 08/08/2019 03:44 pm Psychiatrist / Addiction Medicine Specialist Jennifer Love-Farrell, M.D.

Emily Reed

Log / Notes
August 8, 2019 3:41pm



Amen Clinics
Jennifer Love-Farrell, M.D.

Jennifer Love-Farrell, M.D.: 8/8/2019 3:41pm

Called Alecia. "I knew she was suicidal since she saw her dad...we've been up and down...." Two sessions ago pt's therapist called mom and told her that one of the alters blocked out the others and has a suicidal plan. "They agreed with Emily they want to see Jesus, and some want to end life and others do not. Emily is stuck." She didn't disclose the plan. "The plan is not in AZ," but she has said she's tired of talking about it and just wants to do it when she gets to CA. She doesn't want to go to the hospital or increase her medication. She has therapy tomorrow. She is supposed to f/u with me Monday via phone. She returns home August 18. She is up during the night, 1-3am, and she isn't remembering any of it. Asked if we can change the apt to today; "she's tired and she'll be mad I called you. I think we can wait until Monday. Her cousins just left so she'll sleep for two days." Court is in November and as of now pt is being ordered by the judge to testify. There is a hearing Oct 15 to discuss further.

Will have staff email consent form for therapist if it isn't on file; he's recommending they fly out for a 3-day intensive session to address the SI. Spoke with mom for over 20 min. Will call therapist and request he call MD tomorrow after pt's session.

Leilani Hernandez: 8/8/2019 10:22am

Mom called and stated that patient has had suicidal thoughts since June but mom has kept patient busy. Emily is in Arizona with her grandmother and comes back next week. She has an appt with you on Monday. Emily stated to her therapist that she has a suicidal plan when she gets back to California. Mom would like to speak with you today. Alecia 714 916 1524

Emily Reed

Log / Notes

February 19, 2019 8:46am



Amen Clinics

Danica Killian

spoke w/ pharmacy about the fax refills they have been sending for Emily's desvenlafaxine. I let them know she was given a handwritten rx on 1/14/19 with 4 refills. They are checking their system and will call me back if they have questions.

--Digitally Signed: 02/19/2019 08:47 am: PCC Danica Killian

Emily Reed

Log / Notes
November 7, 2018 3:05pm



Amen Clinics
Melanie Arambula

Subject: **FW: The Rewards of Surrender! ! Wednesday at 10 AM PST**
To: "mscharf.amenclinics@qlog.bestnotes.com" , "Dr. Jennifer Farrell"
From: Melanie Scharf
Received: 11/6/2018 2:42pm CST

Melanie Arambula1541536933

From: Alecia Draper
Sent: Tuesday, November 06, 2018 12:40 PM
To: Melanie Scharf
Subject: Fwd: The Rewards of Surrender! ! Wednesday at 10 AM PST

Please pass this along to Dr. Love

This is a 16 week online class Emily is participating in.

Emily is just listening and has not yet wanted to review the home work. Class notes, or begin to write anything about her own story.

Alecia

Emily's mom

Sent from my iPhone

Begin forwarded message:

From: Spirit of Life Recovery Ministries <stephanie@newlifespíritrecovery.com>
Date: November 6, 2018 at 7:43:20 AM PST
To: aleciadraper@gmail.com
Subject: The Rewards of Surrender! ! Wednesday at 10 AM PST
Reply-To: stephanie@newlifespíritrecovery.com

||

||


Hello!

I apologize for my delay in getting out a video this week. I finally have it posted! As you'll find in viewing this, I was very ill last week and so everything sort of got behind! This week's class is about the value, benefit and breakthrough of surrender!

Please find the video below of last weeks' class:

<u>LIKES:</u> Christian music, ng <u>LIKES:</u> meat <u>PERSONALITY:</u> reserved, d	<u>LIKES:</u> Order <u>DISLIKES:</u> <u>PERSONALITY:</u> PROTECTOR/MANAGER	<u>LIKES:</u> Children <u>DISLIKES:</u> <u>PERSONALITY:</u> passionate, Patient, achy TRAMA/PROTECTOR (CHILDREN)	<u>LIKES:</u> Bacon, sweets Bike rides, games, Pini People <u>DISLIKES:</u> Dogs, argue <u>PERSONALITY:</u> naive, funny TRAMA
ALPH	DORRY	JAMMIE	HOLLY
<u>LIKES:</u> Sports <u>DISLIKES:</u> People, church <u>PERSONALITY:</u> angry	<u>AGE:</u> 4 <u>LIKES:</u> Juice <u>DISLIKES:</u> <u>PERSONALITY:</u> Sassy	<u>AGE:</u> 15 <u>LIKES:</u> Reading, Spaghetti, writing <u>DISLIKES:</u> loud noise, <u>PERSONALITY:</u> Mute	<u>AGE:</u> 2 <u>LIKES:</u> music <u>DISLIKES:</u> <u>PERSONALITY:</u>

Del Amo Hospital Medication Reconciliation

ADMISSION MEDICATIONS:

Information Source:

☒ Patient ☐ Family/Friend: _____

☐ Other: _____

☐ Unable to obtain - Reason: _____

ALLERGIES: Haldol

Females Only: _____

Pregnant: ☐ Yes / ☒ No Lactating: ☐ Yes / ☒ No

List ALL Patient's Current Medications (prescriptions, over the counter meds, PRNs, vitamins, supplements, birth control, eye/ear drops, etc)	Dosage	Route	Schedule / Frequency	Reason / Indication	Last Taken (date)
<u>pristiq</u>		<u>PO</u>		<u>depression</u>	
<u>lamictal</u>		<u>PO</u>		<u>& mood</u>	
<u>anivan</u>		<u>PO</u>		<u>anxiety</u>	

Contacted Psychiatrist and/or Internist (print names): Dr. Hirsch

To Review/Reconcile Medications on: (Date / Time) 2/28/18 @ 2:25

By Nurse (print/sign name and title): Z. maravez RN / B. maravez RN

MEDICATIONS TO TAKE AFTER DISCHARGE:

Name of Medication	Dosage	How to Take	How Often to Take	When to Take	Reason / Indication
PRazosin	1mg 1 TAB	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input checked="" type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime Take on: _____	NIGHTMARES
PRazosin	1mg 2 TABS	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input checked="" type="checkbox"/> Bedtime Take on: _____	NIGHTMARES
LAMICTAL	150mg 1 TAB	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input checked="" type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input checked="" type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input checked="" type="checkbox"/> Bedtime Take on: _____	MOOD STABILIZER
PRISTIQ	100mg + 50mg	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input checked="" type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input checked="" type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime Take on: _____	DEPRESSION
GEDDON	40mg 1 TAB	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input checked="" type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input checked="" type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input checked="" type="checkbox"/> Bedtime Take on: _____	MOOD STABILIZER
ATIVAN	0.5mg 1 TAB	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input checked="" type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input type="checkbox"/> Bedtime <input checked="" type="checkbox"/> Take on: AS NEEDED	ANXIETY
SONATA	10mg 1 TAB	<input checked="" type="checkbox"/> By mouth <input type="checkbox"/> On skin	<input type="checkbox"/> 1x per day <input type="checkbox"/> 3x per day <input type="checkbox"/> 2x per day <input type="checkbox"/> 4x per day	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Lunchtime <input checked="" type="checkbox"/> Bedtime <input checked="" type="checkbox"/> Take on: AS NEEDED	INSOMNIA

Any medications taken during this hospitalization that caused an allergic reaction? ☒ No ☐ Yes (explain below)

Med(s)/Reaction(s): _____

I have been provided a copy of the above instructions and given the opportunity to ask questions. My signature below indicates my understanding. Date: 3/26/18

Patient or Guardian Signature: Emily

Discharging RN Signature: Dr. Hirsch RN

PATIENT COPY



NUR-030 - Rev 12/16

REED, EMILY C
000060276 11/16/1996 021
A# 10440500014 I ITL NTC
02/28/2018 21:15
P. HIRSCH MD

ROA1628

Emily Reed

Log / Notes
March 20, 2018 2:18pm



Amen Clinics
Melanie Arambula

Alecia,

I just received your email forwarded to me, as I am Dr. Farrell's new assistant. I looked at Emily's file and it looks like when Melina was still with the company Emily had missed an appointment with Dr. Farrell (2/20/18) and Melina charged for that missed appointment per our policy.

I will make Dr. Farrell aware that Emily is still in the hospital. Any updates that you would like her to know please feel free to send my way so that I may make her aware. I sincerely hope that Emily is doing well.

Please feel free to reach out to me with any further questions or concerns. All the best!

In Your Service,

Melanie Arambula
Amen Clinics, Inc.
Patient Care Coordinator
mscharf@amenclinics.com
(949)266-3793

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From: Alecia Draper
Date: March 20, 2018 at 12:20:02 PM PDT
To: Melina Thaxton
Subject: Re: Attorney

Melina,

I received my cc statement for February and noticed a \$200 charge for Emily. Emily has been in a hospital in Texas and transferred to Del Amo in Torrance, CA since Feb 3rd. The charge came through on Feb 20th. I realize that Dr. Farrell may have sent in prescriptions for our pharmacy because I have picked up medication to be sure I have it when Emily returns home.

Emily's 30 min appointments are \$200 so I wouldn't think sending in refill for medication would be this amount.

Can you please clarify the charge. The hospital in Texas said they had no contact with Dr. Farrell and only left her several voice messages. Del Amo has also said they have had no contact with her. Emily has been on 6 additional medications while in these hospitals. All are given because of different conditions they are seeing. I don't think Dr. Farrell has seen these reports or is aware of this.

Let me know what you find out. I do not want to be billed unless Emily is seen at the office or I request a written letter that will take time for her to review and write.

Thank you,
Alecia

Emily Reed

Log / Notes

June 29, 2017 10:26am



Amen Clinics

Alex Cameron

Alex Cameron: 6/29/2017 10:26am
called in

Jennifer Farrell, M.D.: 6/29/2017 9:52am
ok to call with one refill

Alex Cameron: 6/28/2017 9:05am
pt. needs refill on:

laotrigene 150mg 1 po BID #60

lov: 6/9

fut: 7/7

pharm# 714-969-1368



FAXED
1/10/18
mr

Date: 1/10/18

To: Shawnice Coleman

Fax #: 410-938-5072

RE: E.R.

From: Amen Clinics

Number of Pages
(including cover sheet): 2

Memo:

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the address below via the US Postal Service. Thank you.

Re: Emily Reed

January 10, 2018

To Whom It May Concern:

Emily Reed is currently taking the following medications:

Lamictal 150mg bid

Pristiq 50mg qd

Please contact me with any further questions or concerns.

A handwritten signature in black ink, appearing to be 'MT' or 'Melina Thaxton'.

Melina Thaxton, Patient Care Coordinator

Amen Clinics, Orange County

949-266-3793

Emily Reed

Log / Notes

January 10, 2018 2:18pm



Amen Clinics

Melina Thaxton

Subject: **FW: Shepard Pratt Trauma Center**
To: "mthaxton.amenclinics@qlog.bestnotes.com"
From: Melina Thaxton
Received: 1/9/2018 6:29pm CST

Melina Thaxton1515544188

From: Emily Reed [mailto:emilyrocks10@gmail.com]

Sent: Tuesday, January 09, 2018 2:35 PM

To: Melina Thaxton

Subject: Re: Shepard Pratt Trauma Center

Melina,

Attached is the consent form requested.

Thank you,

Alecia

On Tue, Jan 9, 2018 at 12:57 PM, Melina Thaxton <mthaxton@amenclinic.com> wrote:

Hi Emily,

I have attached a consent form for Shepard Pratt Trauma Center- they have requested an updated medication list be sent to them. If this is ok with you, please sign and date the bottom of the form, and mark the "information release" box.

Once I receive this authorization from you, I will send it over to them.

Thank you!

In your service,

Melina Thaxton

Patient Care Coordinator

Direct: 949-266-3793

mthaxton@amenclinic.com

Amen Clinics, Inc.

3150 Bristol Street, Suite 400

Costa Mesa, CA 92626

Office: 949-266-3700

Fax: 949-266-3750

mthaxton@amenclinic.com

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Emily Reed

Log / Notes

January 19, 2018 10:10am



Amen Clinics

Melina Thaxton

Subject: **Attorney**

To: "aleciadraper@gmail.com", "emilyrocks10@gmail.com"

From: Melina Thaxton

Received: 1/19/2018 12:04pm CST

Melina Thaxton1516385093

Hi Emily,

I received a call from Natalie Richardson (an attorney) requesting Dr. Farrell to fill out some forms on your behalf, and to fax them to her office. Is this ok with you? If so, please fill out the attached information release form for Dr. Farrell to speak with her.

In your service,

Melina Thaxton

Patient Care Coordinator

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mthaxton@amenclinic.com

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Emily Reed

Log / Notes

October 20, 2017 12:52pm



Amen Clinics

Melina Thaxton

Emily was placed on 5150 hold at St. Joseph's Hospital last Friday 10/13. She was released today- I received a call from the social worker (Emily) at the hospital. When discharged, they needed to schedule an appt with her psychiatrist. Dr. Farrell is out of the office until 10/30, and recommended the patient see Dr. Darmal in her absence. She is scheduled for Wed 10/25.

--Digitally Signed: 10/20/2017 01:02 pm: PCC Melina Thaxton

Emily Reed

Log / Notes

October 23, 2017 11:05am



Amen Clinics

Melina Thaxton

Pt is looking into Shepard Pratt Program in Maryland- on the waiting list, seeing if she can get into with insurance. She is going to AZ to live with her grandma full-time, as she can watch her full-time. Pt is more stable when in AZ with her grandmother. Can come back to CA for her appointments with Dr. Farrell, or do skype appts.

--Digitally Signed: 10/23/2017 11:09 am: PCC Melina Thaxton

3/14

Emily Reed

4/18-20

3/17/14 ER → adm 3/18-4/07/14

SI, alt. sleep x 1 week, uncontr. crying,
seen by PMD but worsening. Refusing food,
wanted to starve to death.

Brought to ED b/c crying in school on floor
in fetal position.

2007 beh Δ's, brother abused

IEP since age 15 = psychologist.

Developmentally: Failed mult. hearing tests
but hearing eventually found to be normal
+ tests indicated possible malingering.

→ IEP started 5th grade

d/c 4/7/14 MDD, chronic PTSD, soc. anx d/o

one episode of AH. Regressed, self-injuring
behav, asked to sleep in closet. Disclosed

sex abuse by dad's roommate - forced to
watch porn + engage in oral sex for years.

11yr
hx — "prolonged abuse, decline in social + academic
fn., complex fam. dynamics" 5 meds Rx'd
Sent to Center For Discovery

CFD (35d) 4/7-5/12/14 - Recommended partial hosp
after but scheduling conflicts so 10P.
Y noted "dep off/on x several years" - much
worse 2° abuse. Mult. panic att/day @ CFD.
D/C'd 2° insurance denial for further tx.

Feb/March 2015 5150 Del Amo SI x/mo

4/16-17/2015

agitated @ school, rolling around on asphalt
fetal position x 35 min, screaming per
school psychologist. 5150

Trauma work, dissociation, AH

Upcoming court case

4/18-20 PTSD, MDD = 4 features

→ 3/15 Del Amo 5150 12th grade (18)

No d/c summary

SI ~~pl~~ tried to strangle self = sweater
sleeves



To whom it may concern:

July 13, 2017

Re: Ms. Emily Reed

DOB: November 16, 1996

I have been asked to write this letter on behalf of Ms. Reed to provide expert opinion on whether Ms. Reed could reasonably be considered disabled prior to the age of 18. I have reviewed an annotated version of Nevada Revised Statute 125B.110 provided by her attorney. Ms. Reed (Emily) has been under my care since March 2016. I have reviewed her medical records dating back to 2014, including emergency room visits, psychiatric hospitalizations, and residential treatment records in preparation of this opinion.

Emily was first brought to the emergency room in March 2014, at age 17. She was suicidal, hadn't slept well the week prior, was crying uncontrollably, refusing to eat, stating she wanted to starve to death. She was brought to the emergency department after an episode at school in which she was crying in class, laying on the floor in the fetal position. Of note from these records, her parents divorced in 2006 and behavior changes started in 2007, around the time her brother was reportedly abused. An IEP (Individual Education Program) was put in place when Emily was in the fifth grade, and a psychologist was included in her IEP at age 15. It was also noted developmentally she had failed multiple hearing tests, but her hearing was eventually found to be normal and tests indicated possible malingering. She was admitted to the UCI psychiatric hospital adolescent unit for three weeks, March 18-April 7, 2014. Review of the three weeks of hospital medical records reveals one episode of auditory hallucinations, and regressed, self-injurious behavior, including her request to sleep in her closet. She disclosed sexual abuse by her father's roommate of 11 years' duration wherein she was forced to watch pornography and engage in oral sex. The doctor notes "prolonged abuse, decline in social and academic function, complex family dynamics," and she was placed on five psychotropic medications to try to help stabilize her. Her diagnoses given after that lengthy hospital stay for evaluation and treatment were: Major Depressive Disorder, Chronic Post Traumatic Stress

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P (888) 564-2700
F (949) 266-3750

ROA1640



Disorder, and Social Anxiety Disorder. She was not stable enough to discharge home, and so was sent to a residential treatment program, Center For Discovery.

Emily had a lengthy (35 day) stay at Center for Discovery (CFD) between April 7-May 12, 2014, and was discharged not by physician recommendation, but because insurance denied further residential treatment. The psychiatrist recommended the partial hospital program, but due to "scheduling conflicts," Emily was transitioned to an intensive outpatient program. Notes from CFD indicate "depression off and on for several years," much worse secondary to the abuse. She experienced "multiple panic attacks a day" while in the program.

In March 2015, when Emily was 18 but still in the 12th grade, she was admitted to Del Amo hospital on a 5150 (California statute of involuntary hospitalization) for suicidal ideation after she tried to strangle herself with the sleeves of a sweater. She was reportedly there for one month, but a discharge summary from Del Amo has not been made available for review.

In April 2015 Emily was again hospitalized. She was agitated, rolling around on the asphalt in the fetal position for 35 minutes and screaming, according to her school psychologist. Leading to this episode her records indicate she had been doing some trauma therapy, was dissociating, had auditory hallucinations, and an upcoming court case involving the perpetrator of her abuse. She was diagnosed with Major Depressive Disorder with Psychotic Features, and Post Traumatic Stress Disorder.

Emily came to see me after a dissociative episode at her therapist's office wherein she was crying, shaking, in the fetal position on her therapist's floor, and EMS had to be called to transport her to the hospital. She was in such a state that EMS made a report to the CA DMV and her license was taken away, and she had to undergo extensive clearance from a neurologist and psychiatrist in order for her to regain the ability to drive. To this day she continues to experience dissociative episodes, high anxiety, depression, suicidal ideation,

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and an inability to participate in gainful employment. In order to attempt to support her into a healthy life, she is undergoing intensive therapies, included but not limited to equine therapy, intensive psychotherapy, trauma therapy, group therapy, and she has an emotional support dog. Her behavior became so erratic and potentially dangerous that I had to put her mother on FMLA leave in order to stay with Emily 24/7. Unfortunately her court case still has not been heard, and she repeatedly must prepare to testify, just to have the trial continued over and over again.

The legal question at hand is whether Emily was disabled prior to age 18. Although I was not her psychiatrist at the time, the medical record clearly uses the qualifier "chronic" for her diagnosis of Post Traumatic Stress Disorder (PTSD) when she was 17 years old. In psychiatry, trauma diagnoses are placed into one of two categories: Acute Stress Disorder, or PTSD. Any trauma with symptoms lasting under one month is designated Acute Stress Disorder. With symptoms lasting over one month, a diagnosis of PTSD is given, qualified by "acute" (symptoms last one to three months), "chronic" (symptoms last three months or more), or "with delayed onset" (symptoms first appear at least six months after the event). It is clear Emily was diagnosed with Chronic PTSD at age 17, and the behaviors outlined in her chart are consistent with longstanding symptoms of abuse prior to it being discovered during this hospitalization. Notably, as far back as 2007, Emily was hiding possessions (wallets, keys, shoes of multiple family members). This is around the time her brother was reportedly abused (there was reportedly a deposition wherein a family friend "admitted he tied Emily's brother's hands in a long sleeved shirt behind his back and duct taped his hands and locked him in a room.") It is not uncommon for children to start hiding things when they are being forced to keep secrets. The record also indicates Emily started having nightmares in 2009, which is a frequent symptom of PTSD. Physicians in her medical records have also frequently referenced "years of depression," even pre-dating her first hospitalization at age 17.

It is clear Emily met diagnostic criteria for Chronic PTSD when she was 17 years old, and had suffered years of depression and abuse prior to this, as well as nightmares and behavioral issues (from hiding things to possibly malingering hearing issues) dating back to as early as 2007.

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It is also my professional opinion Emily is not able to support herself. We tried to have her work part time at one point, and she was unable to tolerate it, even though she was with family and had her emotional support dog with her. I am unsure whether she is receiving disability assistance, but certainly think she would qualify.

In short, Emily is unable to engage in any substantial gainful activity by reason of her significant and chronic mental impairment, which has lasted for many years and is expected to last for a period of over 12 months.

Please do not hesitate to contact me should you require further information in this matter.

Sincerely,

Jennifer Love Farrell, MD

Diplomate, American Board of Psychiatry and Neurology

Diplomate, American Board of Addiction Medicine

Board Certified in Psychiatry, Addiction Psychiatry and Addiction Medicine

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Pure Light Counseling Elise Collier MS-LMFT #78451
901 Dove street Suite 140 Newport Beach, CA 92660

5/5/17

I have been the treating clinician for Emily Reed since April 2015. Emily presents with complex PTSD, chronic, severe and severe Dissociative identity Disorder, NOS. Emily's symptoms include, intense urges to self harm, dissociation, suicidality, impulsivity, depression, severe anxiety with panic, anhedonia, nightmares, and disturbing internal stimuli (i.e. fragmented parts screaming in her head). When Emily has just been exposed to a internal or external threat a disturbance in the client's mental state causes clinically significant distress or impairment in the individual's social interactions, capacity to work or other important areas of functioning. When active, this condition substantially limits several of Emily's major life activities such as: concentrating, thinking, interacting with others, sleeping, eating, and caring for self.

As a client Emily vacillates from engaged and motivated to self defeating and withdrawal. Emily has engaged in the following treatment modalities: DBT treatment (mindfulness, thought stopping, emotional regulation training), EMDR (positive resourcing , desensitizing disturbing memories) , Breathing and Safe place exercises, and Recognizing negative thought patterns and challenging them. In addition Emily has done some integration DID work with attempting to integrate her parts. Due to the intensity of Emily's internal distress the work has been moving 3 steps forward and 2 steps back. Emily's strengths are following directions, compassion, determination, and hard work. While this diagnosis is difficult to quantify or predict a treatment outcome, I believe that comprehensive treatment in a safe environment will give Emily an opportunity to live a well-adjusted life.

Elise Collier MS-LMFT
elise@purelightcounseling.com
562-335-9552

Emily Reed
Log / Notes
May 3, 2017 2:42pm



Amen Clinics
Alex Cameron

Subject: **FW: Emily Reed**
To: "acameron.amenclinics@qlog.bestnotes.com"
From: Alex Cameron
Received: 5/3/2017 4:36pm CDT

Alex Cameron1493847379

From: Alecia Draper [mailto:aleciadraper@gmail.com]
Sent: Wednesday, May 03, 2017 11:58 AM
To: Alex Cameron
Subject: Re: Emily Reed

The contact name is Kelly Fauscett

She is the intake coordinator.

The contact number is 615 831-6987

You can call and ask for Kelly directly if you have any questions.

Let me know if you need anything else.

I will have Emily sign another form and email it back today.

Alecia

Sent from my iPhone

On May 3, 2017, at 11:32 AM, Alex Cameron <acameron@amenclinic.com> wrote:

Alecia,

Dr. Farrell will need Emily to sign a consent form for us to release to whoever it is, we will need a name . Also we will need to schedule a time for her to write it which can vary from 30 minutes to an hour with a fee.

In your service,

Alex Cameron

Patient Care Coordinator

acameron@amenclinic.com

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(D)949.266.3793

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From: Alecia Draper [mailto:aleciadraper@gmail.com]

Sent: Tuesday, May 02, 2017 12:39 PM

To: Alex Cameron

Subject: Re: Emily Reed

They need to know the following-

Length of treatment

Why she is being treated

How often

Emily's Progress

Emily's diagnosis

Basically an overall care history from Dr Farrell's perspective.

Thank you

Alecia

Sent from my iPhone

On May 2, 2017, at 12:28 PM, Alex Cameron <acameron@amenclinic.com> wrote:

Alecia,

I have attached the receipt of everything you have paid for. Regarding the letter, can you write in an email exactly what they need it to say so I can let Dr. Farrell know, thank you.

In your service,

Alex Cameron

Patient Care Coordinator

acameron@amenclinic.com

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From: Alecia Draper [mailto:aleciadraper@gmail.com]
Sent: Monday, May 01, 2017 4:56 PM
To: Alex Cameron
Subject: Emily Reed

Alex,

I am hoping you can help me.

My ex husband wants to return to court in Las Vegas to remove Emily's child support and medical support because he feels she is not disabled.

Emily is on SSI and has never worked or been able to live independently without family care do to her PTSD.

I need to show all medical payments that have been payed to the Amen Clinic for all of Emily's treatments and monthly psychologist visits.

Emily completed the brain scan to determine the best medication to prescribe when we first were seen. I can't recall the the total but it was several thousand dollars.

I need something that lists all dates and payments received

Can you email me a complete statement?

Thank you for your help in advance!!

Alecia

Sent from my iPhone

Begin forwarded message:

From: Staples Business Center <Ccreg03@staplesbusinesscenter.com>
Date: April 26, 2017 at 3:02:14 PM PDT
To: "aleciadraper@gmail.com" <aleciadraper@gmail.com>
Subject: Scan from Staples

Scanned Document From Staples Store

Emily Reed
Log / Notes
May 3, 2017 2:35pm



Amen Clinics
Alex Cameron

Subject: **FW: Emily Reed**
To: "acameron.amenclinics@qlog.bestnotes.com"
From: Alex Cameron
Received: 5/3/2017 4:30pm CDT

Alex Cameron1493847045

From: Alecia Draper [mailto:aleciadraper@gmail.com]
Sent: Wednesday, May 03, 2017 11:53 AM
To: Alex Cameron
Subject: Re: Emily Reed

That's will be fine.

You have my card on file that can be charged.

Please email me a receipt I need to keep track of all payments for court in addition to the payment report you sent me.

The facility is called Mercy Multiplied

I will get a name and send it today.

Thank you,

Alecia

Sent from my iPhone

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Emily Reed
Log / Notes
May 3, 2017 1:02pm



Amen Clinics
Alex Cameron

Subject: **RE: Emily Reed**
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From: Alex Cameron
Received: 5/3/2017 2:38pm CDT

Alex Cameron1493840299

Ok thank you.

In your service,

Alex Cameron

Patient Care Coordinator

acameron@amenclinic.com

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Emily completed the brain scan to determine the best medication to prescribe when we first were seen. I can't recall the the total but it was several thousand dollars.

I need something that lists all dates and payments received

Can you email me a complete statement?

Thank you for your help in advance!!

Alecia

Sent from my iPhone

Begin forwarded message:

From: Staples Business Center <Ccreg03@staplesbusinesscenter.com>
Date: April 26, 2017 at 3:02:14 PM PDT
To: "aleciadraper@gmail.com" <aleciadraper@gmail.com>
Subject: Scan from Staples

Scanned Document From Staples Store

Emily Reed
Log / Notes
May 3, 2017 11:36am



Amen Clinics
Alex Cameron

Subject: **RE: Emily Reed**
To: Alecia Draper
From: Alex Cameron
Received: 5/3/2017 1:32pm CDT

Alex Cameron1493836369

Alecia,

Dr. Farrell will need Emily to sign a consent form for us to release to whoever it is, we will need a name . Also we will need to schedule a time for her to write it which can vary from 30 minutes to an hour with a fee.

In your service,

Alex Cameron

Patient Care Coordinator

acameron@amenclinic.com

3150 Bristol St. Ste 400

Costa Mesa, CA 92626

(O)949.266.3700

(D)949.266.3793

(F)949.266.3750

For all appointments ACI requires that cancellations for scheduled appointments be received 24 business hours in advance during regular office hours (Monday through Friday 8:00am to 5:00pm). Unkept or late cancelled appointments will be charged the full fee for the appointment.

The information contained in this message may be privileged, confidential, and protected from disclosure. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by replying to the message and deleting it from your computer.

From: Alecia Draper [mailto:aleciadraper@gmail.com]
Sent: Tuesday, May 02, 2017 12:39 PM
To: Alex Cameron
Subject: Re: Emily Reed

They need to know the following-

Length of treatment

Why she is being treated

How often

Emily's Progress

Emily's diagnosis

Basically an overall care history from Dr Farrell's perspective.

Thank you

Alecia

Sent from my iPhone

On May 2, 2017, at 12:28 PM, Alex Cameron <acameron@amenclinic.com> wrote:

Alecia,

I have attached the receipt of everything you have paid for. Regarding the letter, can you write in an email exactly what they need it to say so I can let Dr. Farrell know, thank you.

In your service,

Alex Cameron

Patient Care Coordinator

acameron@amenclinic.com

3150 Bristol St. Ste 400

Costa Mesa, CA 92626

(O)949.266.3700

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prohibited. If you have received this communication in error, please notify us immediately by replying to the message and deleting it from your computer.

From: Alecia Draper [mailto:aleciadraper@gmail.com]
Sent: Monday, May 01, 2017 4:56 PM
To: Alex Cameron
Subject: Emily Reed

Alex,

I am hoping you can help me.

My ex husband wants to return to court in Las Vegas to remove Emily's child support and medical support because he feels she is not disabled.

Emily is on SSI and has never worked or been able to live independently without family care do to her PTSD.

I need to show all medical payments that have been payed to the Amen Clinic for all of Emily's treatments and monthly psychologist visits.

Emily completed the brain scan to determine the best medication to prescribe when we first were seen. I can't recall the the total but it was several thousand dollars.

I need something that lists all dates and payments received

Can you email me a complete statement?

Thank you for your help in advance!!

Alecia

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Subject: Scan from Staples

Scanned Document From Staples Store

Emily Reed
Log / Notes
April 27, 2017 4:35pm



Amen Clinics
Katie Dimedio

Follow up email

Dear Emily and Alecia,

I hope this message finds you well. I am sending this message following two calls earlier today.

Per our conversation I wanted to forward you some information, please keep in mind that you will need to contact all of these programs individually and ask specific questions about payment/insurance, length of stay, treatment specifics, and ultimately decide if it's a fit for you.

I hope you are able to find exactly what you are looking for! Best of luck on your journey. %uF04A

Warmly,

Katie

Kuleana Therapy
*please ask to speak with Anne (sounds like Annie)
(949) 327-9383
Fax: (949) 830-5530
Kuleanatherapy@gmail.com
23832 Rockfield Blvd.
Suite 150
Lake Forest, CA 92630-2805
<https://kuleanatherapy.com/>

- Has an eating disorder and nutrition component
- Can accommodate PTSD care
- Can accommodate long term care
- Payment / cost individual - please ask them for more information

The Refuge A Healing Place
(352) 288-3333
Fax: (352) 288-3333
14835 SE 85th St
Ocklawaha, FL 32179

- 90 day program
- PTSD/Trauma primary
- Please inquire about payment / insurance

Menninger
12301 Main Street
Houston, TX 77035-6207
<http://www.menningerclinic.com/patient-care/inpatient-treatment/hope-pro>

(800) 351-9058

- Focused care for your interests
- Payment/insurance - individual please work with them directly

In your service,

Katie Dimedio
Clinic Outreach Manager, Amen Clinics - Southern California
O: (949) 266-3799 | C: (310) 897-6531 | F: (949) 266-3750
<http://www.Amenclinics.com>
3150 Bristol Street, Suite 400
Costa Mesa, CA 92626

Emily Reed

Log / Notes
April 27, 2017 11:45am

**Amen Clinics**

Katie Dimedio

Met with pt and Mother Alicia Draper.
Emily: 714-465-7489
Alecia: 714-916-1524

SUGGESTIONS

- The refuge - <http://www.therefuge-ahealingplace.com/ptsd-treatment/#content> - Katie left general message with Alecia that I had more information and offered direct contact number.
- Menninger - communicated by Dr. Farrell, Katie called Lary Mendoza to follow up
- anne lee program

NEEDS

- pt is looking for a long term program 6 months to 1 year
- Per patient: PTSD/Trauma /Self-esteem focused per patient
- Per Dr. Farrel: Life transition program
- Per. Alex: ED treatment

OPTIONS**FINANCE**

- Family needs to understand cost - Katie will get general rates
- Location doesn't matter

PENDING TRIAL DATE: JULY 17TH IN LAS VEGAS

Emily Reed
Log / Notes
April 14, 2017 12:46pm



Amen Clinics
Alex Cameron

called in:

aripiprazole 5mg-half po qd x1 week, then 1 po qd #30 w/ 0 refills

pharm# 714-969-1368

--Digitally Signed: 04/14/2017 12:47 pm: Alex Cameron

Emily Reed

Log / Notes

September 22, 2016 5:03pm



Amen Clinics

Jennifer Love-Farrell, M.D.

Left vm with pt's therapist Elise to discuss pt's nutritional status, her crying with food, etc.

--Digitally Signed: 09/22/2016 05:03 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Emily Reed

Log / Notes

June 1, 2016 1:30pm



Amen Clinics

Jennifer Love-Farrell, M.D.

Got vm from pt's therapist Elise Collier; she says pt's mom was frustrated at Emily's silence during the session. "In my experience it takes a while to draw her out, but she's been engaged in sessions...expressing where she's at." She has "little to no motivation to live; she doesn't want to do anything, wants to stay indoors; she has no motivation to change." Elise says she has been pushing for Emily to do NF or brainstate with Rick, and Emily doesn't want to do 2 sessions/week. "She's just not motivated." "This is a very difficult case." "She's still having trouble accessing thoughts and feelings. And she didn't even want to refill her lamictal. She wants to stay inside and wants it all to go away. She's not suicidal, but wishes she could disappear."

At this point it seems pt is really struggling, and isn't willing to participate in a higher level of care. Tx options include ongoing medication with neurofeedback, day hospital at Mission, residential treatment at Malibu Vista or the Meadows, TMS.

Spoke with Elise, who says pt is still wanting to go back to her perpetrator and her parents don't want to pay for further residential treatment. "She's been brainwashed not to trust her mom." Elise likes The Meadows and Onsite in TN. She says she'd like to see me without her parents; this can be tried again, but last time pt's grandmother had to be brought into session b/c pt wasn't able to speak with MD.

Elise says pt has to face the perpetrator at trial this September. Discussed the difficulties of treating this case when she herself isn't able to really participate in therapy and wishes to isolate. She probably needs at least six months of residential work to establish trust and rapport for meaningful therapy.

Time spent: 20 min

--Digitally Signed: 06/01/2016 01:53 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Emily Reed

Log / Notes

May 27, 2016 6:15pm



Amen Clinics

Jennifer Love-Farrell, M.D.

Called pt's therapist Elise to touch base re: pt's therapy, level of participation and communication, etc. Left vm and requested we touch base after the weekend.

--Digitally Signed: 05/27/2016 06:18 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Emily Reed

Log / Notes

April 22, 2016 2:20pm



Amen Clinics

Jennifer Love-Farrell, M.D.

MD called pt's therapist Elise to again try to discuss Emily seeing her twice weekly vs starting neurofeedback. Left vm.

--Digitally Signed: 04/22/2016 02:22 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Emily Reed

Log / Notes

April 12, 2016 9:57am



Amen Clinics

Jennifer Love-Farrell, M.D.

MD received vm from pt's therapist Elise. She reports pt started lamictal; she says pt told her later that pt was suicidal the day she saw this MD and the few days prior and withheld that information, and with lamictal she feels "away from the edge of the cliff" with her SI. "She continues to experience trouble accessing her thoughts, and doing daily tasks like making phone calls and doing what needs to be done on an adult level." Pt is being monitored by her grandmother in AZ and Elise is skyping with pt.

MD doesn't have consent for pt's grandmother to call and to discuss safety issues while pt is staying with her. MD called Emily and reached her. "I think lamictal is working really well, actually. I feel more clear." Asked pt about depression; "its not too bad." Discussed a plan for if her mood worsens, anxiety worsens, or if she becomes suicidal. During office hours she can call me via Alex's direct line; after hours through the main line, and she can tell her grandmother or call 9-1-1 to go to the hospital. She denies any side effects from lamictal and says things are going better.

MD returned Elise's call and left vm outlining the emergency plan and thanking her for her vm.

Time spent: 15 minutes.

--Digitally Signed: 04/12/2016 10:07 am Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Emily Reed

Log / Notes

April 7, 2016 3:06pm



Amen Clinics

Jennifer Love-Farrell, M.D.

Left vm for pt's therapist Elise to discuss twice weekly therapy vs doing NF.

--Digitally Signed: 04/07/2016 03:08 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Emily Reed

Log / Notes

March 28, 2016 12:45pm



Amen Clinics

Jennifer Love-Farrell, M.D.

MD played "phone tag" with both Elise and Rick (consent on file for each). Rick's message was that getting Emily stabilized on medication would be the next best step for her. "Obviously its a complex case. Her dissociative states stabilize with treatment, then she destabilizes again....Her brain isn't holding b/c of the trauma she's working through." He says he will get consent to share her treatment record with me.

--Digitally Signed: 03/28/2016 12:48 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Emily Reed

Log / Notes

March 25, 2016 1:45pm



Amen Clinics

Jennifer Love-Farrell, M.D.

Found a working number for Rick, but got vm. Left message to call back and discuss.

--Digitally Signed: 03/25/2016 01:47 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

Emily Reed

Log / Notes

March 25, 2016 1:35pm



Amen Clinics

Jennifer Love-Farrell, M.D.

Spoke with pt's referring therapist Elise for 15-20 min prior to Emily's eval and will continue to speak to coordinate care. Attempted to call Rick Tansey, but the first number isn't correct, and the second goes to a Dr. Jennifer Tansey, not Rick. Will have staff contact pt for the correct office number.

--Digitally Signed: 03/25/2016 01:37 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.

EXHIBIT 16

EXHIBIT 16

EXHIBIT 16

History/Final Evaluation

Facility

Amen Clinics Orange County

AMEN CLINICS, INC.
A Medical Corporation
3150 Bristol St., Suite 400 Costa Mesa, CA 92626
Phone: (888) 564-2700 Fax: (949) 266-3750
Website: www.amenclinics.com/orange-county

History Date: March 23, 2016

Medical Historian: Teri Stroop

Evaluation Date: March 25th, 2016

Amen Clinic Physician: Jennifer Farrell, M.D.

Demographics

Date: 03/23/2016

Patient Name: Emily Reed

Patient ID#: 365847

Address: 20762 Crestview Ln Huntington Beach, CA 92646

Telephone
(Home):

Cell: (714) 465-7489

Date of Birth: 11/16/1996 **Age:** 19

Gender: Female

Email: Emilyrocks10@gmail.com

Patient Identification

Occupation: N/A

Race: Caucasian

Religion: Christian

Number of children: N/A

Marital status: Single

The information presented below was obtained during an interview with Emily, her mother, and her grandmother, as well as a review of intake questionnaires.

Amen Clinics

How did you first learn about the Amen Clinics?

Emily first learned about the Amen Clinic through her therapist Elise Collier.

Referral Source/Facility

Name: Elise Collier **Specialty:** Therapist

Phone: 562-335-9552 **Fax:** **Email:**

Address: 901 Dove St Suite 145 Newport Beach, Ca. 92660

Chief Complaint

Chief complaint:

"PTSD, severe depression, anxiety, learning disability including processing and memory. This stems from nine years of sexual, mental,

and verbal abuse."

Patient Goals For Evaluation

"I need to be able to regulate life skills with success and become more independent without having complications or hospitalizations."

Presenting problem/primary symptoms:

Approximately two years ago Emily revealed that she had been experiencing sexual, emotional, and verbal abuse from a caregiver since the age of eight. Since that time her mother reports Emily has been experiencing emotional "breakdowns" which have led to numerous hospitalizations. She says that while Emily is able to function normally in her daily life, she "goes through the motions" and cannot discuss emotions or feelings, as well as experiences memory loss regarding the abuse. Emily complains of pain in her head and says her brain is "loud". Her mother reports Emily will have periods of time wherein she is present and then "catatonic". She also reports Emily experiences frequent "pseudo seizures" in which Emily falls to the floor, cannot move or speak, feels dizzy and nauseous, and afterwards feels extremely fatigued. While experiencing these episodes Emily will say that her head feels "pressurized". Her mother says Emily also has difficulty answering questions, is overwhelmed and "freezes" because she cannot determine if her answer is "true or untrue". Emily finds it difficult to be in public alone and experiences frequent flashbacks as well as nightmares. Her mother says she also picks her skin and bites her nails often.

Emily's mother and grandmother say that in general she is usually pleasant and happy when she is not experiencing her symptoms. She has trained a service dog and volunteers in her church community. They say Emily wants to have a productive life and needs the right support team to help her through this difficult time.

Biological Information

PRIOR ATTEMPTS TO CORRECT PROBLEMS/PRIOR PSYCHIATRIC HISTORY:

Over the last two years Emily has been taken to inpatient hospitalization numerous times for episodes of disassociation and seizure like activity. She also took part in the Center for Discovery residential treatment program for thirty days approximately one year ago.

Emily saw Rick Tansey at Max My Brain for brain optimization treatment for several sessions.

Emily has been attending therapy session with Elise Collier MS, MFT for the past six months.

Previous diagnoses:

Complex PTSD, major depressive disorder-severe with psychotic features, episodic panic, anxiety, dissociative behavior.

Medications and supplements taken at the time of scan:

None reported.

Date Started	Date Ended	Medication Name	Dosage	Times Taken Per Day	Effectiveness	Side-Effects/Problems
04/07/2014	07/01/2014	Clonazepam	0.5mg	2	Cannot Recall	Dissociated
04/07/2014	07/01/2014	Prozac	30mg	1	Cannot Recall	Dissociated
04/07/2014	07/01/2014	Neurontin	300mg	3	Cannot Recall	Dissociated
04/07/2014	05/12/2014	Prazosin	2mg	1	Cannot Recall	Dissociated
04/07/2014	07/01/2014	Ativan	1mg	1	Cannot Recall	Dissociated
05/14/2014	07/01/2014	Gabapentin	300mg	1	Cannot Recall	Dissociated
03/07/2014	03/30/2014	Abilify	5mg	2	Not Effective	Shaking, muscles became weak
		Risperdal	unknown	1	Not Effective	Shaking, slurred speech, muscles weak
		Latuda	unknown	1	Not Effective	Shaking, slurred speech, weak muscles
		Haldol	unknown	1	Somewhat Effective	Allergic reaction
03/18/2014	04/07/2014	Clonazepam	1.5mg	2	Cannot Recall	Dissociated
03/18/2014	04/07/2014	Lorazepam	1mg	1	Cannot Recall	Dissociated
03/18/2014	04/07/2014	Prozac	40mg	1	Cannot Recall	Dissociated
03/18/2014	04/07/2014	Prazosin Hydrochloride	2mg	1	Cannot Recall	Dissociated
03/18/2014	04/07/2014	Neurontin	100mg	2	Cannot Recall	Dissociated
03/18/2014	04/07/2014	Senna	17.2	1	Cannot Recall	Dissociated

Date Started	Date Ended	Supplement Individual or Combinations	Effectiveness	Side-Effects/Problems
04/07/2014	03/11/2016	Melatonin	Somewhat Effective	None reported

Medical History

Male

Female

Current medical information

Height: 5' 4"

Weight: 113 lbs

Waist: 20"

Primary Care Physician: Joanne Fierro

Last Physical Exam: 02/04/2016

Date started last menstrual period: 03/12/2016

System	Past	Current	Additional Details
General	Recent weight loss, Poor appetite, Excessive Sleeping	Cold sweats during the day, Tired or worn out, Difficulty Sleeping, Sweating excessively at night	
Neurological	Pacing due to muscle restlessness, Slurred speech, Speech problem (other), Weakness in muscles	Forgotten periods of time, Dizziness, Drowsiness, Muscle spasms or tremors, Impaired ability to remember, Numbness	
Respiratory	Shortness of breath	Rapid breathing	"During a PTSD breakdown"
Chest and Cardiovascular		Rapid / irregular pulse, Chest pain	
Head, Eye, Ear, Nose and Throat	Disturbances in smell	Headache, Neck pain or stiffness, Blurred vision, See spots or shadows	
Gastrointestinal		Nausea or vomiting, Abdominal (stomach/belly) pain	
Musculoskeletal		Back pain or stiffness, Leg pain, Muscle cramps or pain	
Skin, Hair		Increased perspiration	
Genitourinary			
Females Only		Premenstrual moodiness, irritability, anger, tension, bloating, breast tenderness, cramps and headaches	
Males Only			
Surgical Procedures			
Illnesses			

Past Medical Information

Reason for Hospitalization	Date / Length of Stay	Outcome
Mental breakdown	03/18/2014-04/07/2014	Disclosed nine years and still happening of sexual, verbal, mental abuse by care giver that she lived with during her fathers visitation.
PTSD, suicidal ideation	04/07/2014-05/12/2014	Somewhat stable but over medicated
Los Alamitos/Del Amo Hospital	03/06/2015-03/30/2014	PTSD somewhat stable
UCIMC Neuropsychiatric Center	04/16/2015-04/20/2015	PTSD somewhat stable
Hoag Hospital	08/31/2015-09/01/2015	Suicidal ideation

Prenatal and Birth Events

Neither Emily nor her mother suffered any pregnancy or birth complications.

Allergies/Drug intolerances?

Yes - Haldol- Muscles stopped working, couldn't swallow or speak.

Head/Brain Trauma:

In 2014 Emily fell down several flights of stairs and sustained a concussion.

Emily frequently experiences a dissociative state in which she does not move or respond to communication.

Emily experiences seizure like activity in which her head spins, she shakes while lying on the floor and cannot move, screams, and suffers blurred vision and erratic breathing.

Tests and Labs

- Blood Work - Yes Date: (02/16/2016): No reported abnormality
- EKG - Yes Date: (04/17/2015): No reported abnormality
- CT Scan - Yes Date: (04/17/2015): No reported abnormality
- MRI/fMRI - Yes Date: (03/11/2013): No reported abnormality

Dietary/Exercise Information

Emily reports her current diet is healthy and appetite good. She has no experience with a gluten free or casein free diet. She consumes fruits five days a week, vegetables six days a week, and eats breakfast everyday. She consumes one cup of coffee per day on average. She has no reported food allergies or sensitivities. Her current bowel function is reportedly normal. She currently exercises by walking and running.

Alcohol/Drug History

None reported.

Sleep Behavior

Emily reports having problems falling asleep and frequently experiences nightmares. She sleeps an average of seven hours per evening and has no sleep related issues.

Family History**Biological mother's history:**

Emily's mother is forty-three years old and has been married three times. She received a high school education and works as a bakery and deli specialist. She has no reported history of behavioral, emotional, learning, or psychiatric problems and no reported history of drug or alcohol abuse. There is no reported history of learning or psychiatric problems in her family.

Biological father's history:

Emily's father is forty-seven years old. He has reportedly struggled with depression. There is no reported history of learning or psychiatric problems in his family.

Siblings:

- Anthony, 16 (Brother): No reported learning or psychiatric problems.
- Adam, 15 (Brother): No reported learning or psychiatric problems.
- Noah, 19 (Step- Brother): Noah reportedly struggles with depression.

Children:

None.

Psychological Information**Significant Life Events:**

"Nine years of sexual, mental, and emotional abuse by her caregiver."

Significant Perceived Successes:

"Went to Japan with a Huntington Beach program. Ran cross country in high school. Completed a half marathon. Training her service dog Monarch."

Significant Perceived Failures

"Going back to the hospital. Not being able to control body sensations and feelings that take over. Intense anger and aggressive side that takes over at times."

Relationship with Mother:

"We try and spend as much time together as possible. We love, care, and support each other."

Relationship with Father:

"My dad is very busy and does not see me much, he has not been a part of my recovery. I do not see him at this time because it causes me more breakdowns, anxiety, and depression."

Sexual history:

None reported.

History of abuse:

Yes - "I was sexually, mentally, and emotionally abused by my caregiver that I lived with during my dad's visitation schedule. This was happening from the age of eight until seventeen years old. I wanted to end my life so I was hospitalized and finally told the truth."

Description of self:

"Quiet, reserved individual. I keep to myself and have a hard time communicating with others."

Description of strengths:

"Kind and caring towards others."

Social Information

Adult

Current life stressors:

"My dad, being in small or large groups of people, being asked a question, future- like going to college and what job I will have. Getting my driver's license back."

School history:

Emily last attended Huntington Beach high school where she received A's and B's. She reportedly struggled with processing disorder. She believes her teachers would say she is "a hard working, special young woman, determined to succeed."

Employment history:

None reported.

Military history:

None reported.

History of legal problems:

None reported.

Family structure:

Emily currently lives with her mother, step-father, and two brothers.

Current Marital or Relationship Satisfaction:

None reported.

History of Past Marriages:

None reported.

Cultural / Ethnic Background:

None reported.

Relationships:

"I spend some time with friends and I do not share personal things or feelings with them."

Community Connection:

"I volunteer at Church two hours a week and attend church on Sundays with my family."

Spiritual Information**Spiritual background:**

"Christian, I have accepted Jesus and have been baptized."

Personal impact of spiritual background:

"Saved my life."

Practices that produce "Spiritual Fruit":

"Listening to Christian music and training my service dog."

Belief in a higher power? Explain:

Yes - "My belief in God and Jesus."

Purpose or mission:

"No."

Unusual spiritual experience:

None reported.

Mental Status Examination

Appearance: Neat

Attitude: Guarded

Behavior: Other: withdrawn

Eye Contact: Hesitant

Speech: Slowed

Orientation: Emily was oriented to person, place, time, and situation.

Mood (in patient's own words): anxious

Affect: Constricted

Thought process: Linear

Worries/Obsessions:

Delusions? None reported

Suicidal ideation? None reported

Homicidal ideation? None reported

Hallucinations: None reported

Illusions: None reported

Attention span:

Memory: # of 3 remembers right away: # of 3 remembers after 5 minutes:

Judgment: Fair

Abstraction:

Relatedness: Distant

Insight: Poor

Questionnaires/Checklist Results

Adult

ADULT AMEN GENERAL SYMPTOM CHECKLIST

This checklist contains a list of symptoms seen commonly in a neuropsychiatric setting. The patient and, if possible, a significant other complete it. The checklist responses suggest the following diagnoses.

According to patient:

Major Depression

- 1) Feeling depressed or being in a sad mood- 4
- 4) Having recurrent thoughts of death or suicide- 4
- 5) Experiencing sleep changes, such as a lack of sleep or a marked increase in sleep- 3
- 6) Feeling physically agitated or being slowed down- 4
- 7) Having feelings of low energy or tiredness- 4
- 8) Having feelings of worthlessness, helplessness, hopelessness or guilt- 3
- 9) Experiencing decreased concentration or memory- 4

Panic Disorder

- 18) Experiencing panic attacks, which are periods of intense, unexpected fear or emotional discomfort.- 4
- 19) Having periods of trouble breathing or feeling smothered- 3
- 26) Having feelings of a situation not being real- 4
- 30) Fearing death- 3
- 31) Fearing going crazy or doing something out-of-control- 4

Social Anxiety

- 33) Excessive fear of being judged by others, which causes you to avoid or get anxious in situations- 3

Obsessive Compulsive Disorder

- 35) Having recurrent bothersome thoughts, ideas, or images that you try to ignore- 3
- 36) Having trouble getting stuck on certain thoughts, or having the same thought over and over- 3
- 37) Experiencing excessive or senseless worrying- 4
- 38) Others complaining that you worry too much or get stuck on the same thoughts- 4
- 39) Having compulsive behaviors that you must do or else you feel very anxious, such as excessive hand washing, checking locks, or counting or spelling- 4
- 39) Having compulsive behaviors that you must do or else you feel very anxious, such as excessive hand washing, checking locks, or counting or spelling- 4
- 40) Needing to have things done a certain way or else you become very upset- 3
- 41) Others complaining that you do the same thing over and over to an excessive degree (such as cleaning or checking)- 3

Other: Mother

According to other:

Major Depression

- 1) Feeling depressed or being in a sad mood- 4
- 4) Having recurrent thoughts of death or suicide- 3
- 5) Experiencing sleep changes, such as a lack of sleep or a marked increase in sleep- 4
- 6) Feeling physically agitated or being slowed down- 4
- 7) Having feelings of low energy or tiredness- 4
- 8) Having feelings of worthlessness, helplessness, hopelessness or guilt- 4
- 9) Experiencing decreased concentration or memory- 4

Agoraphobia

- 32) Avoiding everyday places for 1) fear of having a panic attack or 2) needing to go with other people in order to feel comfortable- 4

Generalized Anxiety Disorder

- 57) Having unrealistic or excessive worry in at least a couple areas of your life- 4
- 59) Experiencing muscle tension, aches, or soreness- 3
- 60) Having feelings of restlessness- 3
- 61) Becoming easily fatigued- 4
- 62) Experiencing shortness of breath or feeling smothered- 3
- 63) Experiencing a pounding or racing heartbeat- 4
- 73) Finding it difficult to concentrate, or having your mind go blank- 4
- 74) Having trouble falling or staying asleep- 3
- 75) Experiencing irritability- 3

AMEN BRAIN SYSTEM CHECKLIST

Based on his extensive brain imaging research, Dr. Amen developed the following checklist, which attempts to identify the symptoms most commonly associated with the brain systems listed below. The patient, and if possible, a significant other, complete it. The checklist responses suggest problems in the following brain systems.

According to patient:

Prefrontal Cortex Symptoms (PFC): Inattention Symptoms : Highly probable

- 6) Avoiding, disliking, or being reluctant to engage in tasks that require sustained mental effort- 4
- 9) Being forgetful- 3
- 10) Having poor planning skills- 3
- 11) Lacking clear goals or forward thinking- 4
- 12) Having difficulty expressing feelings- 4
- 16) Feeling apathetic or unmotivated- 3
- 17) Feeling tired, sluggish or slow moving- 3
- 18) Feeling spacey or in a fog- 4

Cingulate System Symptoms (CS): Probable

- 29) Worrying excessively or senselessly- 4
- 31) Getting upset when things are out of place- 4
- 33) Tending to have repetitive negative thoughts- 3
- 34) Tending toward compulsive behaviors (i.e., things you feel you must do)- 3
- 35) Intensely disliking change- 3
- 39) Having difficulties seeing options in situations- 3
- 42) Needing to have things done a certain way or else becoming very upset- 4
- 44) Tending to say no without first thinking about the question- 4
- 45) Tending to predict fear- 3

Limbic System Symptoms (LS): May be possible

- 46) Experiencing frequent feelings of sadness- 3
- 47) Having feelings of moodiness- 3
- 49) Having low energy- 3
- 50) Being irritable- 3
- 53) Having feelings of hopelessness about the future- 3
- 54) Having feelings of helplessness or powerlessness- 3

Basal Ganglia System Symptoms (BGS): May be possible

- 64) Frequently feeling nervous or anxious- 4
- 75) Avoiding conflict- 4
- 85) Feeling shy or timid- 4
- 86) Being easily embarrassed- 3

Temporal Lobe System Symptoms (TLS): May be possible

- 92) Finding that own irritability tends to build, then explodes, then recedes, often being tired after a rage- 4
- 93) Having periods of spaciness and/or confusion- 4
- 94) Experiencing periods of panic and/or fear for no specific reason- 3
- 101) Experiencing periods of forgetfulness or memory problems- 4

Other: Mother

According to other:

Prefrontal Cortex Symptoms (PFC): Inattention Symptoms : Probable

- 6) Avoiding, disliking, or being reluctant to engage in tasks that require sustained mental effort- 4
- 9) Being forgetful- 3
- 12) Having difficulty expressing feelings- 4
- 16) Feeling apathetic or unmotivated- 4
- 17) Feeling tired, sluggish or slow moving- 4
- 18) Feeling spacey or in a fog- 4

Cingulate System Symptoms (CS): May be possible

- 29) Worrying excessively or senselessly- 3
- 31) Getting upset when things are out of place- 3
- 33) Tending to have repetitive negative thoughts- 4
- 37) Having trouble shifting attention from subject to subject- 3
- 43) Others complaining that you worry too much- 3
- 44) Tending to say no without first thinking about the question- 4

Limbic System Symptoms (LS): May be possible

- 49) Having low energy- 3
- 53) Having feelings of hopelessness about the future- 3
- 54) Having feelings of helplessness or powerlessness- 3
- 56) Feeling excessive guilt- 4

Basal Ganglia System Symptoms (BGS): Probable

- 64) Frequently feeling nervous or anxious- 4
- 66) Symptoms of heightened muscle tension (such as headaches, sore muscles, hand tremors, etc.)- 3
- 74) Avoiding places for fear of having an anxiety attack- 4
- 75) Avoiding conflict- 4
- 83) Having a tendency to freeze in anxiety-provoking situations- 4
- 84) Lacking confidence in own abilities- 3
- 85) Feeling shy or timid- 3

Temporal Lobe System Symptoms (TLS): Probable

- 92) Finding that own irritability tends to build, then explodes, then recedes, often being tired after a rage- 3
- 93) Having periods of spaciness and/or confusion- 3
- 94) Experiencing periods of panic and/or fear for no specific reason- 4
- 98) Experiencing headaches or abdominal pain of uncertain origin- 3
- 100) Having dark thoughts, ones that may involve suicidal or homicidal thoughts- 4
- 101) Experiencing periods of forgetfulness or memory problems- 4

THE AMEN CLINIC LEARNING DISABILITY ADULT SCREENING QUESTIONNAIRE

This questionnaire is a self-report form identifying possible learning disability issues in the areas of reading, writing, math, sequencing, abstraction, organization, memory, and language. The questionnaire responses suggest problems in the following areas.

According to patient:

Oral Expressive Language

- 28)I have difficulty expressing myself in words - 4
- 29)I have trouble finding the right word to say in conversations - 4
- 30)I have trouble talking around a subject or getting to the point in conversations - 4

Receptive Language

- 31)I have trouble keeping up or understanding what is being said in conversations - 4
- 32)I tend to misunderstand people and give the wrong answers in conversations - 3
- 33)I have trouble understanding directions people tell me - 3

Abstraction

- 44)I have trouble understanding jokes people tell me - 4
- 45)I tend to take things too literally - 4

Memory

- 53)I have trouble with my memory - 4
- 55)It is hard for me to memorize things for school or work - 4
- 56)I know something one day but do not remember it the next day - 4
- 57)I forget what I am going to say right in the middle of saying it - 4
- 58)I have trouble following directions that have more than one or two steps - 3

Other Mother

According to other:

Oral Expressive Language

- 28)I have difficulty expressing myself in words - 4
- 29)I have trouble finding the right word to say in conversations - 4

Abstraction

- 44)I have trouble understanding jokes people tell me - 4
- 45)I tend to take things too literally - 4

Memory

- 53)I have trouble with my memory - 4
- 54)I remember things from long ago but not recent events - 3
- 55)It is hard for me to memorize things for school or work - 3
- 56)I know something one day but do not remember it the next day - 4
- 57)I forget what I am going to say right in the middle of saying it - 3
- 58)I have trouble following directions that have more than one or two steps - 3

THE AMEN CLINIC HORMONE HEALTH QUESTIONNAIRE

This questionnaire is a self-reported form identifying possible sex, thyroid, and adrenal hormone imbalances. The questionnaire responses suggest problems in the following areas.

Low Progesterone: Low levels suggested and should be considered

- 4)Are your menstrual cycles irregular? - 4
- 7)Do you have painful periods? - 3
- 8)Do you have difficulty concentrating, sometimes called "brain fog"? - 4
- 11)Are you tired or have low energy? - 3
- 13)Do you have painful cramping during your menstrual cycle? - 3

Other Tests Performed

Beck Depression Inventory (BDI-II)

The BDI-II is a 21-item self-report instrument for measuring the severity of depression in adults (18+). A score of 14 or more may indicate the presence of depression. Scores are classified as follows: 0-13 (minimal), 14-19 (mild), 20-28 (moderate) and 29-63 (severe). Total BDI score = 30

Conners' Continuous Performance Task

This is a fifteen-minute computer test of attention, vigilance and impulse control. The significant findings are as follows: The chances are 80.55 out of 100 that a clinically significant problem exists.

WebNeuro Wellness

WebNeuro Wellness is an objective, quantitative and standardized assessment of both symptoms and neurocognition which can help support more informed clinical decisions. The WebNeuro Brain Health Report identifies the patient's strengths and vulnerabilities in each of four areas: Thinking, Emotion, Self Regulation and Feeling, and gives comparisons to other healthy adults of the same age and gender. Please refer to your patient binder for a copy of your report.

Neuropsychiatric Symptom Checklist

Please review the symptoms below and place a check in the appropriate box if you or any of your family members have had the problems listed:

Anxiety	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input checked="" type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Panic attacks	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input checked="" type="checkbox"/> Father	<input type="checkbox"/> Brother	<input checked="" type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Phobias	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Depression	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Seasonal mood changes (SAD)	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Elevated mood	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Bipolar mood	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Mania	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Irritability	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input checked="" type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Hot temper	<input type="checkbox"/> Self	<input checked="" type="checkbox"/> Mother	<input checked="" type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Self-mutilation	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Suicide attempts	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Psychiatric hospitalization	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Social isolation	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Hallucinations	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Schizophrenia	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Psychosis	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Paranoia	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Delusions	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Dissociative states	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Grief	<input checked="" type="checkbox"/> Self	<input checked="" type="checkbox"/> Mother	<input checked="" type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
ADHD	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Concentration difficulties	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input checked="" type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Attention difficulties	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input checked="" type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Hyperactivity	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives

Intolerance of boredom	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Learning/School difficulties	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Juvenile delinquency	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Defiant behavior	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Fire setting	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Bedwetting	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Cruelty to animals	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Legal troubles	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Anger or rage problems	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Obsessions or compulsions	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Anorexia Nervosa	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Bulimia (binging/purging)	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Laxative/Diuretic abuse	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Alcohol abuse	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Drug/Substance abuse	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Head injury	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Concussion	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Tourette's Syndrome	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Amnesia	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Dementia	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Narcolepsy	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Irresistible sleep attacks	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Sleep Apnea	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Heavy snoring during sleep	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Hallucinations going to sleep	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Hallucinations when awakening	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Restless legs during sleep	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Night terrors	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Sleepwalking	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Sexual difficulties	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Sexual abuse victim	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Sexual abuse perpetrator	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Physical abuse victim	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Physical abuse perpetrator	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Mental retardation	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Autism	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Asperger's Disorder	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Pervasive Developmental D/O	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives
Sensitivity to light	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Children	<input type="checkbox"/> Other Relatives

Sensitivity to odors ☐ Self ☐ Mother ☐ Father ☐ Brother ☐ Sister ☐ Children ☐ Other Relatives

Sensitivity to sounds ☐ Self ☐ Mother ☐ Father ☐ Brother ☐ Sister ☐ Children ☐ Other Relatives

Sensitivity to touch ☐ Self ☐ Mother ☐ Father ☐ Brother ☐ Sister ☐ Children ☐ Other Relatives

SPECT Study Parameters

As part of the evaluation, a resting and a concentration brain SPECT study were performed.

SPECT Study parameters:

The brain SPECT studies were performed in the following manner: The patient was placed in a dimly lit, quiet room. Intravenous access was obtained via small-gauge butterfly. The patient remained quiet for several minutes, with eyes open to allow their mental state to equilibrate to the environment.

For the baseline resting study, 99m Tc hexamethylpropylene amine oxime, HMPAO (Ceretec) was injected after the initial equilibration period.

For the concentration study, after the initial equilibration period, the patient started the Conners Continuous Performance Test.

A tomographic brain study was performed approximately 30-60 minutes later, using a high-resolution Picker Prism 3000 gamma camera with fan beam collimators. Data was acquired in 128 X 128 matrices. One hundred twenty images with 3 degrees separation spanning 360 degrees rotation were obtained. The data was prefiltered using a low pass filter with a high cutoff. Attenuation correction was performed using a linear method. Coronal, sagittal, and transaxial tomographs were reconstructed with a slice thickness of approximately 9 mm. The transaxial tomographs were parallel to the orbitalmeatal line. The tomographs were displayed using a standardized linear color scale. The studies were read by visual inspection in all three planes, in 3-dimensional surface brain maps (looking at the most active 45% of brain activity), and 3-dimensional active brain maps (comparing average activity with the most active 15% of brain activity).

SPECT Study Findings

Brain SPECT imaging basically shows us three things: areas of the brain that work well, areas of the brain that work too hard, and areas of the brain that do not work hard enough. With this information, together with the clinical information obtained through our extensive history-taking process, psychometric testing, and clinical evaluation, we are able to develop a more comprehensive, effective, and integrated treatment plan. SPECT scans help delineate the brain physiology underlying psychiatric problems and may or may not fully correlate with the clinical DSM-V diagnoses, since the DSM-V is based on historical symptom clusters and not on underlying brain systems. This is part of why SPECT scans can be so helpful.

Findings:

These are good quality scans. The most significant findings are thalamic increases at rest and right basal ganglia increases in both studies. Right midlateral frontal and temporal increases are present. The combination of frontal, temporal, parietal and occipital decreases is suggestive of posttraumatic change. Subtle inferior orbitofrontal decreases are seen bilaterally in both studies.

CONCLUSIONS:

1: Diffuse and focal increased thalamic tracer activity seen at rest.

This finding may be present in people who are normal. However, we also frequently see it in people who have issues with depression, dysthymia (chronic mild depression) or mood cycles. Clinical correlation is important. In our research there is a trend for left-sided problems to be associated with anger and irritability, right sided problems more often associated with inwardly directed sadness. In our experience we have seen diffuse limbic overactivity tends to be more consistent depression and focal increased limbic activity (more on one side than the other) to be associated with cyclic mood disorders. When focal increased uptake is found in conjunction with patchy increased uptake across the cortical surface there is a higher likelihood of a cyclothymic or bipolar disorder. If clinically indicated, diffuse increased limbic uptake is often helped by antidepressant medications. If there is also increased anterior cingulate activity, consider a serotonergic antidepressant. If there is not increased anterior cingulate activity, consider an antidepressant that increases either dopamine (such as bupropion) or norepinephrine (such as imipramine or desipramine).

2: Increased right basal ganglia tracer activity seen on both studies.

This finding may be present in people who are normal. However, we also see it very frequently in people who struggle with anxiety (left sided problems are often associated with irritability, right sided problems more often associated with inwardly directed anxiety). If clinically indicated, it may be helped by antianxiety medications, such as buspirone, and deep relaxation techniques. Sometimes if the finding is focal in nature (more one side than the other) anticonvulsant medications can be helpful. When it is normal, we often see it associated with people who have high levels of motivation.

3: Increased tracer activity in the right lateral prefrontal cortex seen on both studies, and increased right temporal lobe tracer activity seen with concentration.

This finding has been reported in seizure disorders and local trauma near this area. Clinical correlation is needed.

5: Decreased medial anterior prefrontal cortex tracer activity seen with concentration.

This finding is often associated with prefrontal cortex symptoms, such as short attention span, impulsivity, low motivation, disorganization, and distractibility. It may be secondary to a physical trauma or other insult to the brain. This pattern, if clinically indicated, may be responsive to psychostimulant or stimulating antidepressant medication.

6: Decreased right temporal lobe tracer activity seen on both studies, more severe with concentration.

This abnormality may be associated with several different symptoms including mood instability, irritability, memory problems, abnormal perceptions (auditory or visual illusions, periods of *deja vu*), periods of anxiety or irritability with little provocation, periods of spaciness or confusion, and unexplained headaches or abdominal pain. We have found abnormalities in this part of the brain to be helped with anticonvulsant medication when clinically indicated. Decreased activity in the temporal lobes may also be associated with learning problems, especially reading comprehension difficulties and auditory processing problems. Problems in the right temporal lobe have been associated with social withdrawal, social skill struggles and depression (more inwardly directed difficulties as opposed to left sided problems). If clinically indicated, it may be helped by anticonvulsant medications. A supplement alternative might be GABA to help inhibit erratic firing. If memory problems are the primary issue, then we often prescribe acetylcholine-esterase inhibitors, Namenda or a group of supplements to enhance memory, such as ginkgo biloba and Phosphatidyl serine.

7: Decreased left parietal lobe tracer activity seen on both studies, more severe with concentration, and decreased left and right posterior frontal cortex tracer activity seen on both studies.

This finding has been associated with toxic exposure, brain trauma, infection or Alzheimer's disease. The parietal lobes have also been implicated in attentional issues, direction sense, doing complex tasks and orienting oneself in space. Clinical correlation is essential.

8: Decreased tracer activity in the left and right inferior orbital prefrontal cortex seen on both studies.

When decreased perfusion in the inferior orbital prefrontal cortex is seen in both the resting and concentration states there may be a combination of depression and ADD or ADHD present. Clinical correlation is needed. This pattern has also been seen in response to head injuries affecting this part of the brain, and later in life in some dementia processes. This pattern, if clinically indicated, may be responsive to psychostimulant or stimulating antidepressant medication.

Physician Section

It was a pleasure meeting with you and your parents today, Emily. We reviewed the above history and findings and discussed treatment goals of 1) staying out of the hospital and creating a life that feels less overwhelming, 2) having a good support team in place, 3) deal with the spurts of internal anger and the constant anxiety, and 4) get you to where you have confidence to start college classes.

All of the treatment options we discussed are outlined below; here's where we'll start:

- 1) Send your recent lab work and the school testing results.
- 2) I will talk with Dr. Gaddis (and possibly Dr. Kraus) about neurofeedback, and with Rick about Brain State. I will also continue to be in contact with Elise.
- 3) Start omega-3.
- 4) Start yoga.

We will get together next week to decide whether you will do Brain State or start medication and potentially neurofeedback. I look forward to working with you on this.

Bio-Psycho-Social-Spiritual Evaluation

Given the pattern of symptoms and scan findings, I believe there is real hope for significant improvement with a regimen to properly optimize brain function.

Diagnosis

Current

F43.12 - Post-traumatic stress disorder, chronic

03/25/2016

Jennifer Farrell, M.D.

F44.89 - Other dissociative and conversion disorders

03/25/2016

Jennifer Farrell, M.D.

Biological Plan

General Bio-Medical Principles:

- Eliminate any potential toxins such as marijuana, excessive alcohol, other drugs, nicotine, caffeine, and environmental toxins.
- Treat or eliminate any potential underlying medical problem (for example: hypothyroidism, hormone imbalances, chronic infections).

- Avoid any behaviors that put your brain at risk.

Laboratory Recommendations: We want to rule out any underlying biomedical issues that may be causing or exacerbating your symptoms.

Comprehensive Metabolic Panel

Send a copy of recent lab work. I recommend the following panel: CBC with differential, fasting general metabolic panel, lipid panel with particle size, 25-hydroxy vitamin D, homocysteine, hemoglobin A1C, thyroid panel [TSH, Free T3, Free T4, thyroid antibodies (thyroglobulin + thyroid peroxidase)], ferritin, DHEA-S

Suggested Optimal Ranges of Some Important Blood Tests:

Thyroid: The TSH level should be 2.0 or lower, ideally between 0.5 and 1.5. Aim for a free T3 level in the upper third of the so-called normal range.

Vitamin B12: 500 pg/ml or above

Vitamin D (25 Hydroxy): Aim for a level of 60-80, ideally about 80 ng/ml.

Ferritin: 50 or above, ideally about 100 ng/ml.

Zinc: Plasma zinc target of 100 mcg/dl.

Specialty Consults To Do Now

Other

I recommend having a hormone assessment with Dr. Koren Barrett. You can read more about her credentials at www.newportintegrativehealth.com. Bring a copy of your hormone questionnaire (above) to your appointment.

Potential Non-pharmacologic Biological Treatment Options:

Neurofeedback

Trains your brain waves to produce healthy patterns, activating areas that need greater stimulation, and calming areas that are overactive. Neurofeedback is particularly helpful in quieting racing thoughts and calming excessive limbic, temporal lobe, and basal ganglia drive that can contribute to moodiness and anxiety.

QEEG (electrical brain mapping) is used by the neurofeedback specialist to determine the most appropriate protocol to maximize brain functioning.

Dr. Jay Gaddis does neurofeedback in our office, and Dr. Christine Kraus is on Dove Street.

Medication

Medication Recommendation To Do Now

When possible and practical, we generally start with a more natural approach first, combining the use of targeted nutraceuticals, focused psychotherapeutic modalities, healthy nutrition, regular exercise, normalization of sleep, a good daily schedule, clarity regarding current priorities and sense of purpose, etc., then go to traditional medication if needed.

However, based on your symptom history, genetic loading, and test results, I recommend initiating a trial of lamictal. Lamictal is a mood stabilizer/anticonvulsant that is effective for a cycling or irritable mood disorder with depression as the major component of the mood disorder. It can help stabilize temporal lobe functioning. A ten to fourteen week, slow titration may be necessary and is recommended. The starting dose can be as low as 25mg/day with changes every two weeks, watching for a rash. The dosage range is 100 to 400mg/day (given twice daily).

Nutraceuticals/Supplements

Based on your history, results of your assessments that were performed as part of the evaluation, and your prior treatment response, I would recommend that you start the following supplement(s). I am primarily going to make recommendations among our own branded nutraceuticals, simply because I know they are manufactured to the highest level of quality and purity, and that rigorous scientific thought and study went into their formulation to specifically address the needs of your brain type. However, if you would prefer to purchase the ingredients from outside sources, I would be happy to give you a list of the component ingredients.

Recommended Supplements To Do Now

Omega-3 Fatty Acid

I recommend you take 3,000 mg of fish oil per day. The Amen Clinics produce Omega 3 Power, which is a highly purified, high-quality omega-3 supplement. This highly concentrated and ultra-purified fish oil is a highly potent source of omega-3 fatty acids EPA and DHA, which are essential building-blocks for cell membranes and also essential for the brain's nerve cell connections (synapses). EPA and DHA provide crucial support for healthy memory, attention and other cognitive functions; healthy mood; and for a calm and controlled demeanor, as well as for healthy development and maintenance of the brain and cardiovascular systems. Omega-3 has been shown to be helpful for brain healing/repair, has direct antidepressant benefit, and is good for cardiovascular functioning.

If you buy it from an outside vendor, you want to select a product that contains roughly a 3:2 EPA:DHA ratio, and take 3,000 mg/day or more of EPA+DHA. That equals about 1-1/2 packets/day of Coromega or three capsules/day of Omega 3 Power.

Background: The brain is 60% fat. All of our 100 billion nerve cells are lined in essential fatty acids. Low levels of Omega-3 fatty acids have been found in ADD, depression, and dementia. Omega-3 fatty acids (found in fish and flax seed oil) taken at a dosage of 2,000 to 6,000 mg daily can be a beneficial augmentation for mood stabilization and cognitive repair. High quality, pharmaceutical-grade fish oil is best, as it has higher levels than flax seed oil to boost the levels of Omega-3 fatty acids in the brain. Here are sources of good and bad dietary fat:

Good fat sources: anchovies, avocados, Brazil nuts, canola oil, cashews, flax seed oil, green leafy vegetables, herring, lean meats, olive oil, peanut oil, Pistachio nuts, salmon, sardines, trout, tuna, walnuts, whitefish.

Bad fat sources: bacon, butter, cheese (regular fat), cream sauces, donuts, fried foods such as potatoes/onion rings, ice cream, lamb chops, margarine, potato chips (fried), processed foods, steak, and whole milk.

Dosing: Take 2 softgels daily with meals, or more, to a maximum 4 softgels per day

Nutritional Plan

To Do Now

Recommended Nutritional Plan

Dietary Strategies: The brain uses 20 - 30% of the calories you consume. A brain healthy diet is critical to your treatment success.

General Guidelines:

Eat 5 to 6 Small, Frequent Meals

Eat 5 to 6 small, frequent meals throughout the day to help stabilize your blood sugar and your mood. If you have low temporal lobe activity and are easily irritable or anxious, controlling the highs and lows resulting from unstable glucose levels can be very helpful.

a.) A typical plate would include: protein, healthy fats and low glycemic high fiber carbohydrates. Having protein at each meal also may help increase dopamine levels and increase focus and concentration during the day.

b.) Sample meals include: protein smoothie with berries, almond milk and nuts, veggies with hummus or guacamole, almond butter on fruit, grilled chicken on salad, lamb chops with broccoli and sweet potato, or salmon with asparagus and quinoa.

Eliminate Sugar

Eliminate Sugar, Soda/ Diet Soda, Sugar Alternatives from your diet. If you have sugar cravings, depression, and/or comfort eating, eliminating sugar may help you. Even though they are low in calories, the sweet taste causes the release of insulin, causing a drop in blood sugar, which triggers hunger and cravings for sugar. The artificial sweeteners also dampen the "reward centers" in your brain, which also induce you to indulge in more calorie-rich, sweet-tasting food. They hijack the same pleasure centers in your brain that drugs of abuse like cocaine and heroin do, and trigger addiction-like cravings and sugar-seeking behavior.

Individuals who drink a lot of diet soda also develop Type II diabetes and weight gain as frequently - perhaps even more frequently - than those who drink regular sodas. Even if you maintain a healthy weight, they still significantly increase the risk of the top three killers in the United States: diabetes, heart disease and stroke.

Water

Water: Consume 1/2 your weight in ounces per day, with maximum of 100 oz/day.

Food Mood Connection:

Lower Carbohydrate Diet

If you struggle with impulsive behaviors, ADD/ADHD, difficulty concentrating, difficulty focusing, lack of energy, or low activity in the pre-frontal cortex and temporal lobes, consider a diet that is higher in protein and healthy fats and lower in carbohydrates.

Exercise Plan

A regular exercise regimen: To Do Now

The health benefits from physical exercise are truly amazing. Solid research has shown that regular exercise helps protect brain cells against toxins, including free radicals and excess glutamate; helps repair damaged DNA; reduces the risk of cognitive impairment, heart disease and stroke; improves cholesterol and fat metabolism, plus improving blood, oxygen and glucose delivery to tissues; reduces risk of diabetes, osteoporosis, depression, colon and breast cancer. Regular exercise is as effective as 12 sessions of psychotherapy. It is one of the best, natural treatments for ADHD, anxiety, and depression. I recommend that you exercise a minimum of 30 minutes 5 times per week. In order for the exercise to be aerobic you must have a sustained increased heart rate.

Consider incorporating any exercise you enjoy - biking, swimming, walking, hiking, aerobic classes, Cross-Fit, tennis. Set the bar low. Even if you commit to walking to the end of the block and back every day, it's a start.

Specific Brain-Type Physical Exercise Recommendations:

The best types of exercise for your brain include coordination activities (e.g., dancing, tennis, table tennis) that incorporate coordination moves with aerobic activity. These types of aerobic activities spawn new brain cells, while the coordination moves strengthen these new connections.

Deep Limbic

Aerobic activities that are social, such as dancing or joining a local sports team, help calm hyperactivity in the deep limbic system and enhance your mood, in addition to a boost of blood flow and multiple neurotransmitters in the brain.

Basal Ganglia

Yoga and tai chi soothe overactivity in basal ganglia and calm anxiety.

Temporal Lobe

Can be reduced through aerobic coordination activities that involve music.

Mental Exercise To Do Now

Specific Brain-Type Mental Exercise Recommendations:

The brain is like a muscle. The more you use your brain, the better it will function. New learning and mental work-outs are essential to keeping the brain healthy.

Prefrontal Cortex

Crossword puzzles and word games, meditation, hypnosis.

Deep Limbic

Killing the ANTs (automatic negative thoughts), gratitude practice

Basal Ganglia

Deep relaxation, hand-warming techniques, diaphragmatic breathing

Temporal Lobe

Memory games, naming games, singing

Parietal Lobes

Juggling, interior design

Psychological Plan

Psychotherapy To Do Now

Dialectical Behavior Therapy

This is a type of therapy that trains you in specific self-regulation skills, maintain a quiet mind and body, and make healthy behavioral choices, even when anxious or stressed.

Somatic Experiencing

This is a therapy designed by Peter Levine, PhD, that is a great body-focused way to release the physiologic energy trapped as the result of developmental trauma. It can be very effective when used in combination with EMDR.

<http://www.traumahealing.com/somatic-experiencing/>

Women's Small Group

I would love to see you find and participate in a small women's group, either through a therapist, a church, or a support group. You could benefit tremendously from the kind of support, camaraderie, encouragement, equipping, and accountability that such a group provides.

Relaxation and Mindfulness Techniques

Techniques such as guided imagery, prayer, meditation, diaphragmatic breathing exercises, autogenic training, etc., can be quite beneficial psychologically and biologically. They increase resilience to stress and conflict, quiet your brain and body, improve sleep, and enhance immune system functioning.

Brain Fit Life Membership

I'm going to provide you with a free Brain Fit Life (BFL) membership for one year. This is our online program to help you improve your brain health anytime, anywhere. It has a lot of fantastic content and I think it will be very helpful for you. BFL starts by having you take the Brain Health Assessment which gives you a Brain Fit Score and a description of your unique brain type. You are then provided with a personalized plan to optimize your brain and body, including:

- Exercises and games to focus, balance and train your brain
- Meditation and hypnosis audios
- Brain-healthy recipes
- Workout tips
- Live monthly coaching calls with Tana and Dr. Amen
- And so much more!

I'll include a sheet in your take-home binder that provides more details of BFL's benefits.

Costa Mesa

To start your free membership, visit www.mybrainfitlife.com and take the Brain Health Assessment. You can then create an account with your email address and this promo code: BFLCM (this code is only for you, so please don't share it with anyone). Enjoy!

Spiritual Plan

Adult To Do Now

Your main job is to figure out the lifestyle - the schedule of daily and weekly practices - that keep your spiritual well filled up. Consider what activities - prayer, meditation, music, contact with like-minded people, spiritually-focused readings, time in nature, etc - reliably keep you emotionally and spiritually centered. What are the activities that reliably produce 'spiritual fruit' of joy, gratitude, compassion, and the acceptance of yourself and others? What are the choices that anchor you most effectively in your authentic self? Be specific.

Purpose is about goals, but it is primarily about the way you orient yourself to the world on a daily basis. What is the mindset, the emotional and spiritual center, out of which you relate and function most effortlessly, meaningfully, joyfully, and fruitfully? What have you learned about how to anchor yourself in that way of being throughout the day, in the midst of both trials and opportunities?

What are your current priorities - your "purposes" - going into this next chapter of your life? A purpose is something you are drawn toward and cannot refuse; you feel "pulled" to your purpose. Stop and form a mental "picture" of how you want your life to look in the near future. Let's build upon the values and insights of your current purpose, vision, and priorities to create a plan that will lead you successfully ahead, step by step.

Goal-Setting. You cannot hit a target you cannot see. It's also more powerful to run to a given compelling 'light' of your choice, rather than just trying to run from the 'darkness'. You came to the Amen Clinic because you're at a transition point in your life. Take time to ponder the direction you want your life to go in.

- Who are you now, and what is important in this upcoming phase of life?
- What has your life taught you so far about where your gifts and interests lie?
- What is your over-arching sense of mission, or calling?
- What could you do this week to begin to embed those values into your life, so that you experience a deep sense of purpose and meaning on a regular basis, rather than having it be a rare or random experience?

Make a written contract with yourself. Use the format, "Because I value _____, I will do _____. Write those commitments out for your goals as they relate to important relationships, vocational or educational, finances, physical health, emotional and spiritual health, and goals that help you fulfill your mission or calling.

Make a public declaration of your intentions by sharing that contract with selected others who know and love you, and review it regularly.

Journal: Get in the habit of reconnecting with yourself on a daily basis. What are you feeling, what are you sensing, what's working, what's not working, what's emerging.

Physician Details

Questions: I am available to you via email or phone. Extremely simple questions may be handled by a brief exchange of messages;

otherwise, it is better to schedule appointments. While we do not charge for very brief issues requiring five minutes or less of my time, letter writing, form completion, record review, review of laboratory results, medication prior authorization, and other requests outside of scheduled appointments will incur a charge, depending on the amount of time needed.

I am happy to speak to and collaborate with anyone involved in your care. Please sign a release for me to send a copy of this report to any health care professional you are currently seeing, and anyone else you would like to receive one.

Thank you very much for allowing me to participate in your care. I am optimistic that the recommendations we discussed will be helpful to you. Generally, I answer all questions during your scheduled appointment times, but if you have a brief question in the interim, then please contact me via my assistant at acameron@amenclinic.com. My assistant, Alex, can be reached at the clinic by calling 949-266-3793.

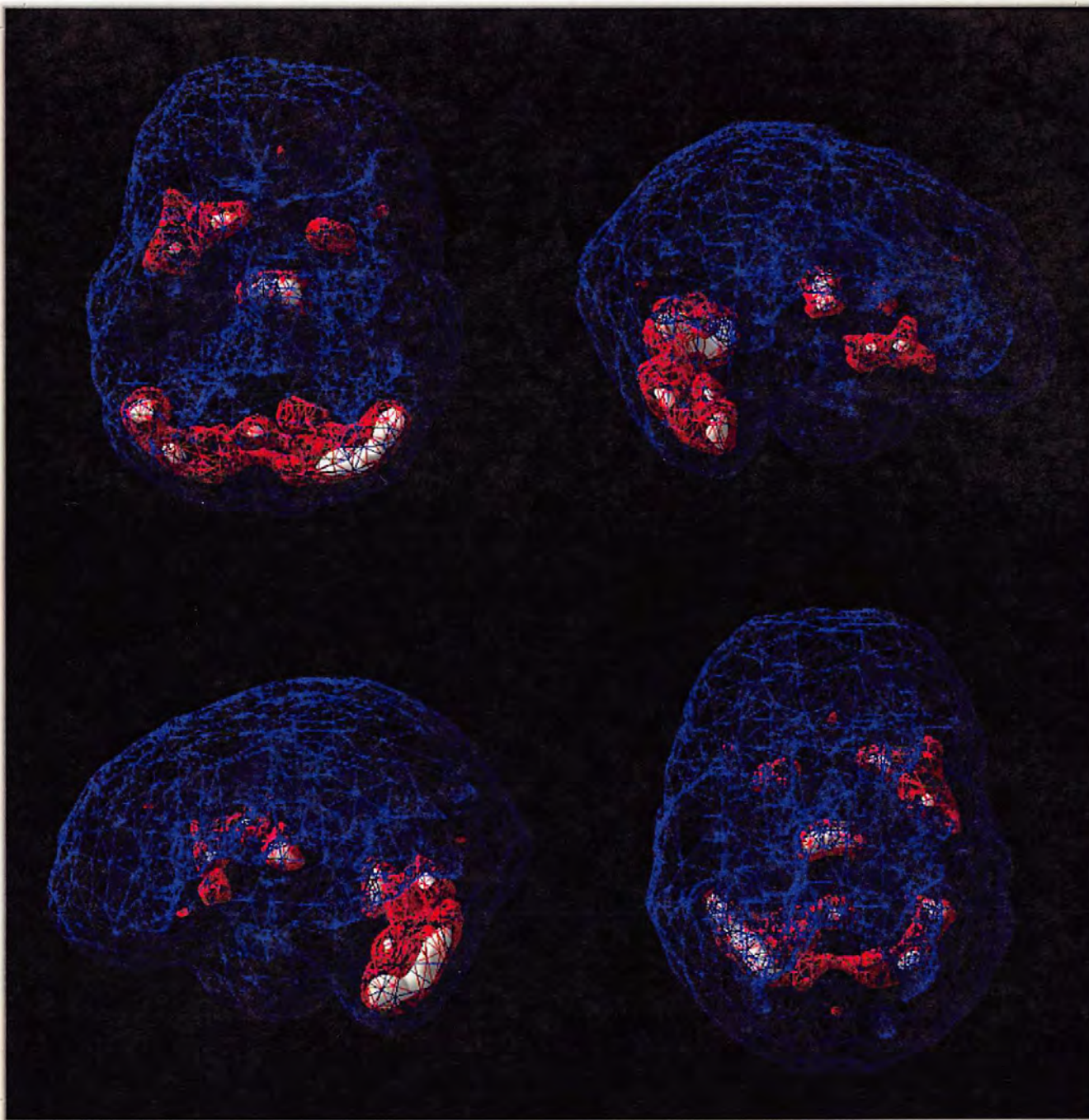
Jennifer Farrell, M.D.

Diplomate, American Board of Psychiatry and Neurology

Diplomate, American Board of Addiction Medicine

Board Certified in Psychiatry, Addiction Psychiatry and Addiction Medicine

Physician Signatures
—Digitally Signed: 03/25/2016 12:04 pm Psychiatrist / Addiction Medicine Specialist Jennifer Farrell, M.D.



InfoBox: 3D Surface Z

REED, EMILY

ID: C365847

Birth: 11/16/1996 Sex: F

Head First, Supine

Acq: 15:07:37 3/24/2016

Step 8 Shoot

Inj Time: 14:57 Tc-99m

HMPAO H/L: 6.02 hrs

Tc-99m

Heads: 1,2,3 Wins: 1

Acq Matrix: 128 x 128

27 Images Max Ct: 1000

120.0 degrees CCU

40 steps, 3.0 deg. each

Collimator: LEHR-Fan

Mag: 1.00 Depth: 16

View Tern: 21.00 Seconds

File: 016

Image ID: Trans Obl

Acq ID: BASE

Organ: BRAIN

Slice: 6.50 mm

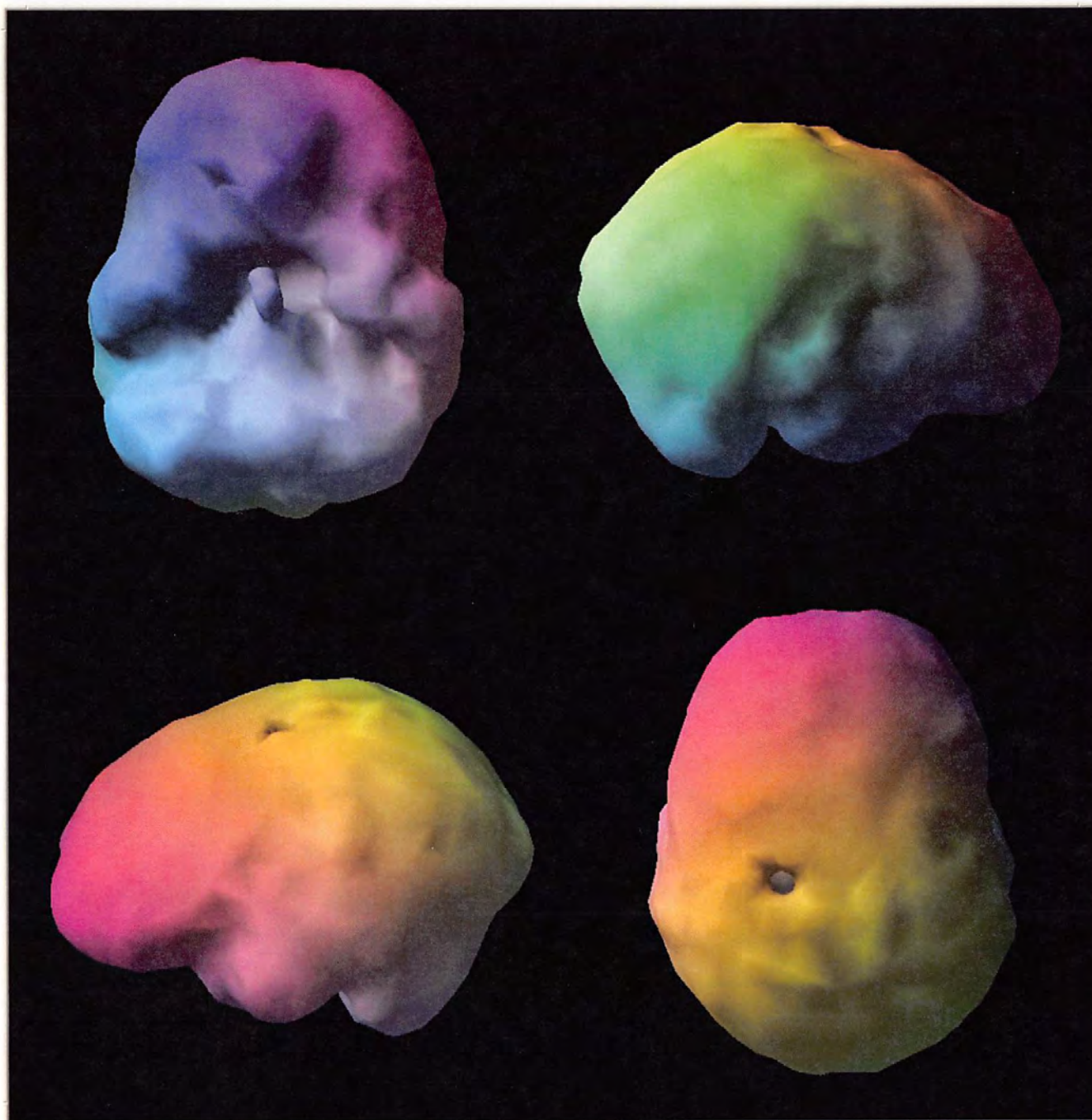
Filter: LoP/Ramp/

The Anen Clinics

Costa Mesa CA



PICKER
NUCLEAR MEDICINE DIVISION



InfoBox: 3D Surface 2

REED, EMILY

ID: C365847

Birth: 11/16/1996 Sex: F

Head First, Supine

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Step 8 Shoot

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HMPAO H/L: 6.02 hrs

Tc-99m

Heads: 1,2,3 Wins: 1

Acq Matrix: 128 x 128

27 Images Max Ct: 1000

120.0 degrees CCU

40 steps, 3.0 deg. each

Collimator: LEHR-Fan

Mag: 1.00 Depth: 16

View Tern: 21.00 Seconds

File: 016

Image ID: Trans Obl

Acq ID: BASE

Organ: BRAIN

Slice: 6.50 mm

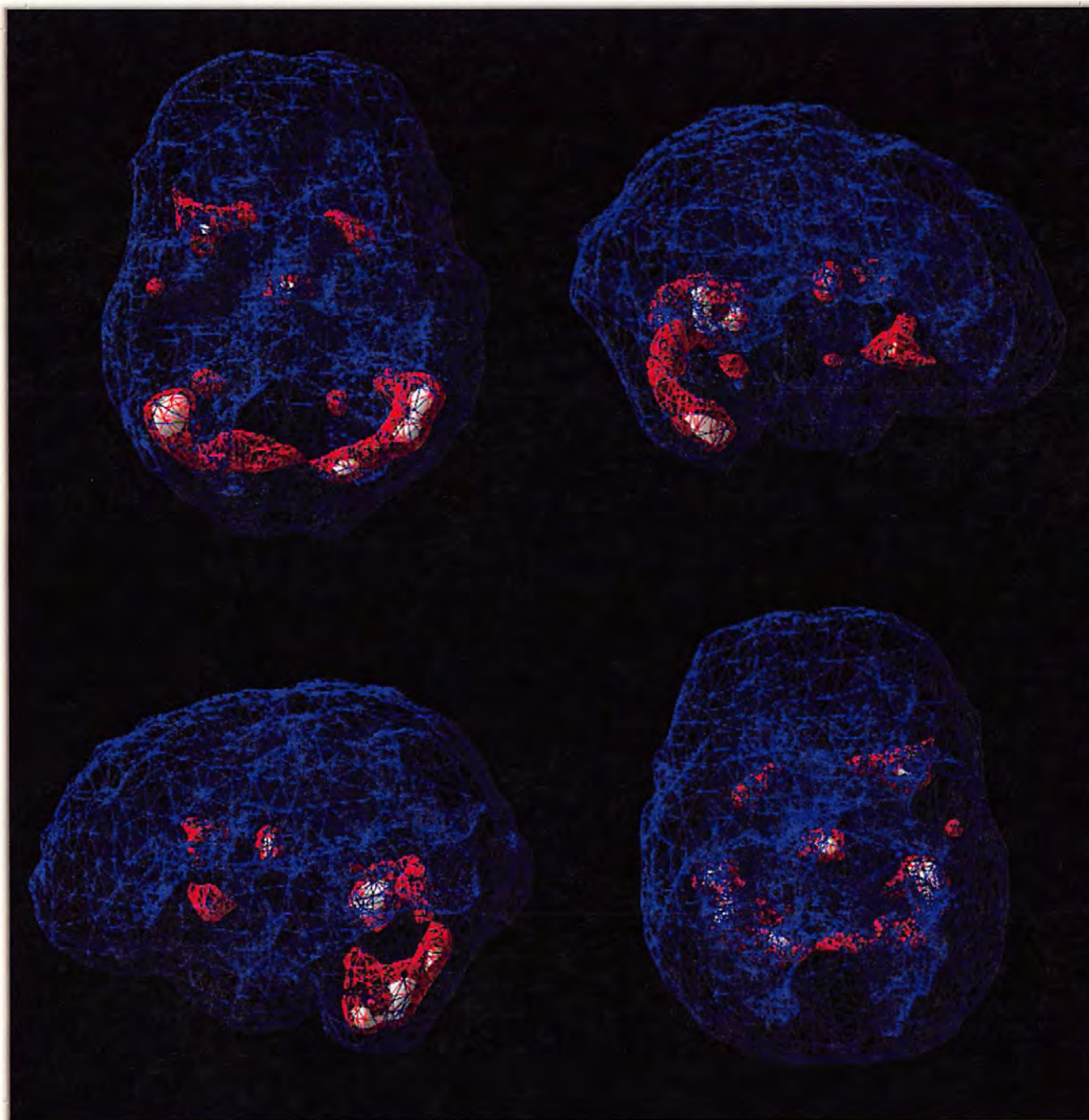
Filter: LoP/Ramp/

The Anen Clinics

Costa Mesa CA



PICKER
NUCLEAR MEDICINE DIVISION



InfoBox: 3D Surface 2

REED, EMILY

ID: C365847

Birth: 11/16/1996 Sex: F

Head First, Supine

Acq: 14:52:46 3/23/2016

Step 8 Shoot

Inj Time: 14:47 Tc-99m

HMPAD H/L: 6.02 hrs

Tc-99m

Heads: 1,2,3 Wins: 1

Acq Matrix: 128 x 128

29 Images Max Ct: 959

120.0 degrees CCU

40 steps, 3.0 deg. each

Collimator: LEHR-Fan

Mag: 1.00 Depth: 16

View Tern: 24.00 Seconds

File: 07

Image ID: Trans Ob1

Acq ID: CONC

Organ: BRAIN

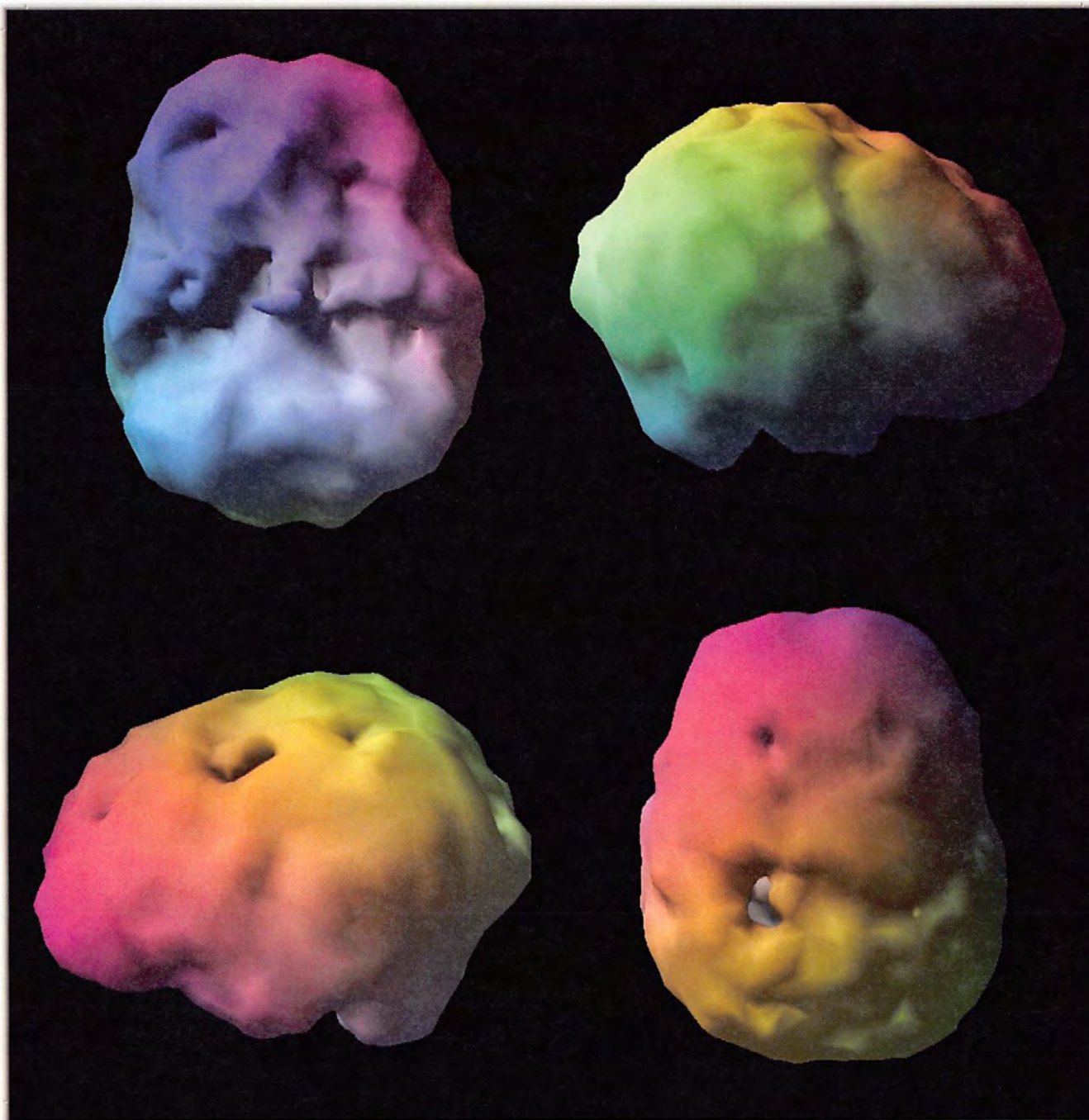
Slice: 6.47 mm

Filter: LoP/Ramp/

The Anen Clinics

Costa Mesa CA





InfoBox: 3D Surface 2

REED, EMILY

ID: C365847

Birth: 11/16/1996 Sex: F

Head First, Supine

Acq: 14:52:46 3/23/2016

Step 8 Shoot

Inj Time: 14:47 Tc-99m

HMPAO H/L: 6.02 hrs

Tc-99m

Heads: 1,2,3 Uins: 1

Acq Matrix: 128 x 128

29 Images Max Ct: 959

120.0 degrees CCU

40 steps, 3.0 deg. each

Collimator: LEHR-Fan

Mag: 1.00 Depth: 16

View Tern: 24.00 Seconds

File: 07

Image ID: Trans Obl

Acq ID: CONC

Organ: BRAIN

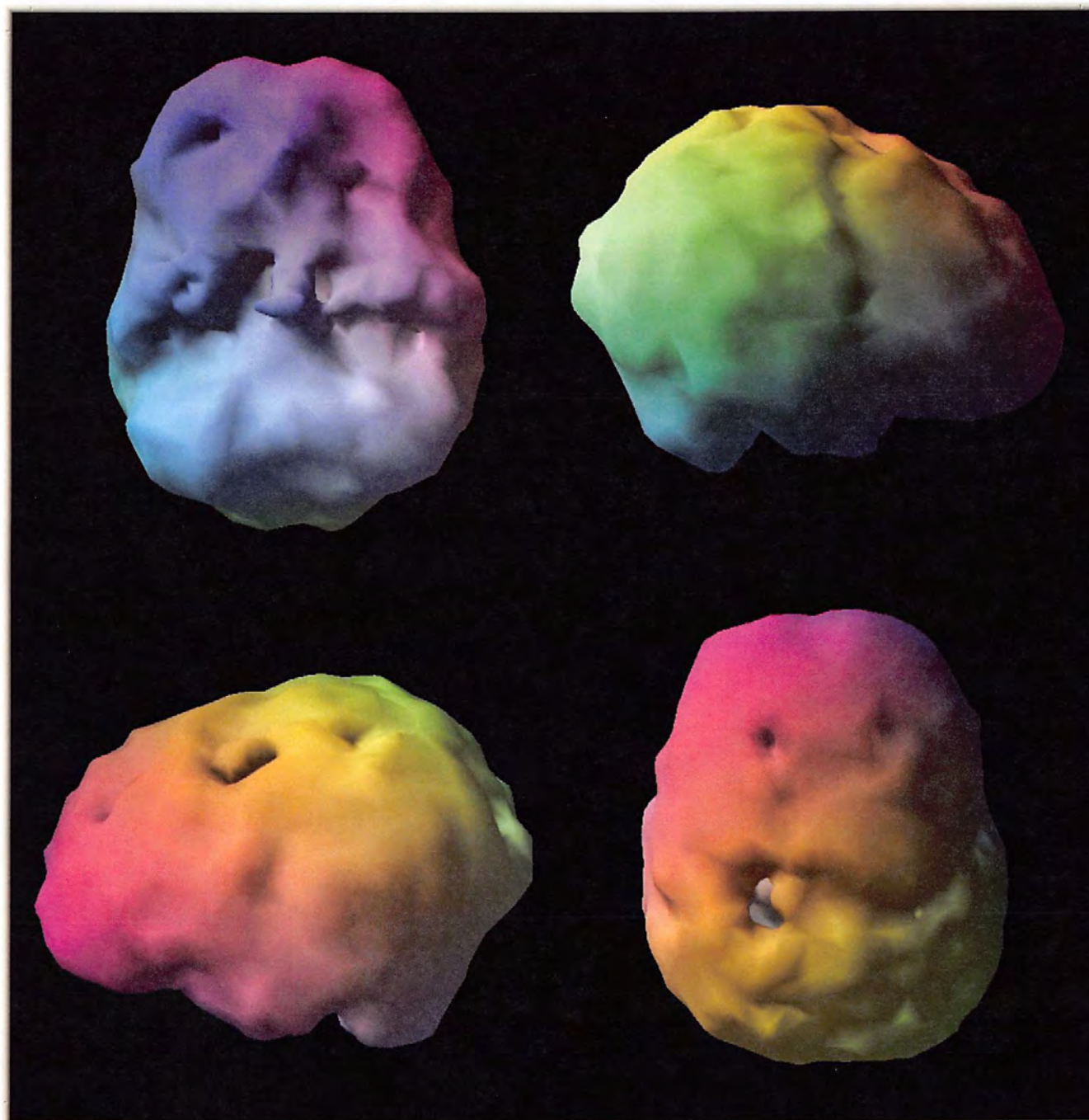
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Filter: LoP/Ramp/

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Acq: 14:52:46 3/23/2016

Step 8 Shoot

Inj Time: 14:47 Tc-99m

HMPAO H/L: 6.02 hrs

Tc-99m

Heads: 1,2,3 Wins: 1

Acq Matrix: 128 x 128

29 Images Max Ct: 959

120.0 degrees CCW

40 steps, 3.0 deg. each

Collimator: LEHR-Fan

Mag: 1.00 Depth: 16

View Tern: 24.00 Seconds

File: 07

Image ID: Trans Obl

Acq ID: CONC

Organ: BRAIN

Slice: 6.47 mm

Filter: LoP/Ramp/

The Anen Clinics

Costa Mesa CA



EXHIBIT 17

EXHIBIT 17

EXHIBIT 17

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

Gavin Newsom, Governor

DEPARTMENT OF SOCIAL SERVICES

V61/F24/AMLABE

V61 CA DDS SIERRA
PO BOX 30732
SALT LAKE CITY, UT 84130-9856



FAX: 1-866-868-2592

August 20, 2019

AMEN CLINIC/COSTA MESA
MEDICAL RECORDS
STE 400
3150 BRISTOL ST
COSTA MESA CA 92626

**This Bar Code Page is the Return Cover
Sheet for Records.**

You MUST collate your response like this:

- **Top page** – bar code page
- **Second page** – invoice(s)
- **Third page** and beyond – all other records/documents
- Send or fax record for **one or more** charts at the same time. **Note:** Each individual's bar code page **MUST** be the **first page** of that individual's records.

FAX Records Toll Free to 1-866-868-2592.

or

You can upload electronic records if you are registered on the
Electronic Records Express Secured Website. For info -
www.socialsecurity.gov/ere

or

**MAIL the records. Put this page on top of the
records. Address must show in the window.**



V61 CA DDS SIERRA
PO BOX 30732
SALT LAKE CITY, UT 84130-9856



RQID:D1695736006493521F24 SITE:V61 DR:S
SSN:***** DOCTYPE:0001 RF:D CS:ac2
Claimant: EMILY CHRISTINE REED
SSN: ***-**-3768 DOB: 11/16/1996

MEF IM6 (12/17)

DEPARTMENT OF SOCIAL SERVICES

V61/F24/AMLABE

V61 CA DDS SIERRA
PO BOX 30732
SALT LAKE CITY, UT 84130-9856



FAX: 1-866-868-2592

August 20, 2019

AMEN CLINIC/COSTA MESA
MEDICAL RECORDS
STE 400
3150 BRISTOL ST
COSTA MESA CA 92626

RE: EMILY CHRISTINE REED
AKA:
SSN: ***-**-3768
DOB: 11/16/1996
DDS CASE NUMBER: 1695736
CONTRACT NUMBER: 6493521
PATIENT NUMBER:
SERVICE VENDOR NUMBER: J290372

Your patient is receiving benefits based on disability/blindness under the Social Security Act. Your records are essential to our determination.

Upon your request, we may pay a reasonable fee as determined by our agency. Your request must be in writing on a separate form and must be attached to your response. To ensure prompt payment, submit your report within **14 days**. It is our policy to not routinely pay for medical reports received more than 90 days after the date of this request. Please return a copy of this letter with your response.

Alleged Impairments:
disassociative identity disorder, PTSD, depression
anxiety.

Dates of treatment:
8/2018 to current

Please complete the attached form. Include any chart notes or reports regarding the alleged impairments.

We would also like to have a statement, based on your medical findings, expressing your opinion about the claimant's ability, despite the functional limitations imposed by the impairment(s) to do work-related physical and/or mental activities as appropriate:

Mental activities such as understanding and memory; sustained concentration and persistence; social interaction; and adaptation.

MEF IM6 (12/17)

ROA1703

DEA: AMLABE
DDS CASE NUMBER: 1695736
REQUEST NUMBER: 6493521

MS. LABERTEAUX/24, Disability Eval. Analyst III
(559) 297-2032

**THIS REQUEST IS BEING RETURNED. WE DO NOT HAVE THE
INFORMATION REQUESTED. PLEASE PROVIDE DATE LAST SEEN:**

DEA: AMLABE
DDS CASE NUMBER: 1695736
REQUEST NUMBER: 6493521

SHORT-FORM EVALUATION FOR MENTAL DISORDERS

Directions: Please provide a current assessment necessary to evaluate this patient's disability claim. The information must be as objective and specific as possible. **THIS FORM MAY BE USED ONLY WHEN A PRIOR EVALUATION AND CHART NOTES ARE AVAILABLE.**

Date first examined: 3/25/10

Date of most recent visit: 8/12/19

Frequency of Visits: every month

Diagnosis

(DSM IV) (Indicate Principal Diagnosis)

Type of Service:

☒ Outpatient

☐ Partial Hospitalization

☐ Case Management

☒ Medication

(list type and dosage)

Axis I F43.12

Axis II F44.01

F33.2

CURRENT MENTAL STATUS EXAMINATION: (Circle and comment on abnormal findings)

Appearance and Behavior:

Grooming: Well-groomed disheveled, eccentric, poor hygiene.

Motor Activity: Normal, tremor, retarded, agitated, hyperactive.

Speech: Normal, slow, rapid, pressured, slurred, mute, delayed, soft, loud, stuttering, aphasic.

Interview Behavior: Cooperative, guarded, evasive.

Behavior Disturbance: None, irritable, aggressive, violent, poor impulse control, manipulative, apathetic.

Comments: These vary depending on mood + which "alter" is present during hx.

Sensorium and Cognitive Functioning:

Orientation: Oriented all spheres, disoriented (person, place, time, situation)

Concentration: Intact, slightly distracted, impaired (mild, moderate, severe)

Memory: Normal, impaired (immediate, recent, remote) and degree (mild, moderate, severe) No recent testing, but based on history + report.

Intelligence: Above average, average, below average, borderline, mental retardation.

Comments: No IQ testing has been done.

DEA: AMLABE
DDS CASE NUMBER: 1695736
REQUEST NUMBER: 6493521

Mood and Affect:

Mood: Normal, anxious, depressed, fearful, elated, euphoric, angry.

Affect: Appropriate, labile, expansive, blunted, flat

Comments: again, @ times is quite labile, angry, and even elated depending on her "alters"

Perception:

Hallucinations: None, auditory, visual, olfactory.

Illusion: None, mis-identification

Specify: _____

Thought Process:

Associations: Goal directed, blocking, circumstantial, tangential, loose, neologisms.

Content-Delusions: None, persecution, somatic, broadcasting, grandiosity, religious, nihilistic, ideas of reference.

Content-Preoccupations: None, obsessions, compulsions, phobias, sexual, suicidal, homicidal, depersonalization.

Judgment: Intact, impaired (mild, moderate, severe).

Comments: Recent hospitalization for suicide attempt.

ALCOHOL AND DRUG ABUSE:

Current alcohol use: None, social, abuse (occasional, binge pattern, daily).

Specify Type and Amount: _____

Current illicit drug use: None, abuse (occasional, episodic, daily), cannabis, cocaine, heroin, amphetamines, sedatives, hallucinogens, hypnotic, inhalants.

Amounts: _____

Detox, Drug Program or Tox Screen: (Specify dates and results)

History alcohol/drug abuse: None, none in past 6 months, none in past ____ years, continuous since _____

DEA: AMLABE
DDS CASE NUMBER: 1695736
REQUEST NUMBER: 6493521

PROGRESS IN TREATMENT AND PROGNOSIS:

Poor - recent overdose - hospitalized and now in another
residential treatment program.

PLEASE USE THESE DEFINITIONS WHEN CHECKING THE BOXES BELOW.

Unlimited - The mental disorder does not affect the ability to perform this activity.

Good - The effects of the mental disorder do not significantly limit the individual from consistently and usefully performing the activity.

Fair - The evidence supports the conclusion that the individual's capacity to perform the activity is impaired, but the degree/extent of the impairment needs to be further described.

Poor - The evidence supports the conclusion that the individual cannot usefully perform or sustain the activity.

MEDICAL SOURCE STATEMENT	Unlimited	Good	Fair	Poor
Understand, remember, and carry out complex instructions				X
Understand, remember, and carry out simple instructions			X	
Maintain concentration, attention and persistence				X
Perform activities within a schedule and maintain regular attendance				X
Complete a normal workday and workweek without interruptions from psychologically based symptoms				X
Interact appropriately with the public				X
Interact appropriately with supervisors				X
Interact appropriately with co-workers				X
Respond appropriately to changes in a work setting				X

DEA: AMLABE
DDS CASE NUMBER: 1695736
REQUEST NUMBER: 6493521

Do you believe this patient is capable of managing funds in his or her own best interest? ☐ YES ☒ NO

Name of reporting Psychiatrist/Psychologist (Print or type)

^{-Farrell}
Jennifer Love, MD

Signature

Jennifer Love

Address 3150 Bristol St. Ste. 400

Telephone 949-200-3100

Date 9/3/19

Title

Psychiatrist

City/State

Costa Mesa, CA

WHOSE Records to be Disclosed

Form Approved
OMB No. 0860-0623

NAME (First, Middle, Last, Suffix) EMILY CHRISTINE REED	
SSN 604-94-3788	Birthdate (mm/dd/yy) 11-16-1998

**AUTHORIZATION TO DISCLOSE INFORMATION TO
THE SOCIAL SECURITY ADMINISTRATION (SSA)**

**** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW ****

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):
OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Records which may indicate the presence of a communicable or no communicable disease; and tests for or records of HIV/AIDS
 - Gene-related impairments (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
- Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
- Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers, insurance companies, workers' compensation programs
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:

Organization: AMEN CLINIC/COSTA MESA
Vendor Address: 3150 BRISTOL ST STE 400 COSTA MESA 92626
Outpatient Date: 8/2018 to current
Patient DOB: 11/16/96
Remarks:

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. [Also, for international claims, to the U.S. Department of State Foreign Service Post.]

PURPOSE

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

☐ Determining whether I am capable of managing benefits ONLY (check only if this applies)

EXPIRES WHEN

This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY

INDIVIDUAL authorizing disclosure

SIGN ► Emily Reed

IF not signed by subject of disclosure, specify basis for authority to sign

☐ Parent of minor ☒ Guardian/ ☐ Other personal representative

Conservator

(explain)

(Parent/guardian/personal representative sign here if two signatures required by State law)

► Alvin D. Dwyer

Date Signed 10/22/2018	Street Address 20762 CRESTVIEW LANE	State CA	ZIP 92646
Phone Number (with area code) (714) 916-1624	City HUNTINGTON BEACH		

WITNESS I know the person signing this form or am satisfied of this person's identity:

SIGN ►

IF needed, second witness sign here (e.g., if signed with "X" above)

SIGN ►

Phone Number (or Address)

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 500; and State law.

Form SSA-827 (11-2012) of (11-2012) Use 4-2009 and Later Editions Until Supply Is Exhausted

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ROA1709

**Explanation of Form SSA-827,
"Authorization to Disclose Information to the Social Security Administration (SSA)"**

We need your written authorization to help get the information required to process your claim, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A covered entity (that is, a source of medical information about you) may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization form. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you; SSA can tell you if we identified any sources you didn't tell us about. SSA may use information disclosed prior to revocation to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA-827 is provided to you in your native or preferred language.

**Privacy Act Statement
Collection and Use of Personal Information**

Sections 205(a), 233(d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(l) and 1631(e)(l)(A) of the Social Security Act as amended, [42 U.S.C. 405(a), 433(d)(5)(A), 1382c(a)(3)(H)(i), 1383(d)(l) and 1383(e)(l)(A)] authorize us to collect this information. We will use the information you provide to help us determine your eligibility, or continuing eligibility for benefits, and your ability to manage any benefits received. The information you provide is voluntary. However, failure to provide the requested information may prevent us from making an accurate and timely decision on your claim, and could result in denial or loss of benefits.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, including but not limited to the following:

1. To enable a third party or an agency to assist us in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the U.S. Census Bureau and to private entities under contract with us).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses of the information you gave us is available in our Privacy Act Systems of Records Notices entitled, Claims Folder System, 60-0089; Master Beneficiary Record, 60-0090; Supplemental Security Income record and Special Veterans benefits, 60-0103; and Electronic Disability (eDIB) Claims File, 0-0340. The notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any Social Security office.

PAPERWORK REDUCTION ACT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING IN THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*